

Trumbull County Probate Court
Guardian Angels Volunteer Guardianship Program

VOLUNTEER APPLICATION

Personal Information

Name _____

Address _____

E-mail _____

Home Phone _____

Business Phone _____

Date of Birth _____

Social Security # _____

Marital Status _____

Spouse's Name _____

Occupation _____

Spouse's Occupation _____

List names and age of your children

Child's Name	Age	Male/Female
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your highest level of education: _____ High School _____ College

Do you speak a foreign language? No ___ Yes ___ Which language _____

Can you communicate using sign language? No _____ Yes _____

Do you drive a car? No _____ Yes _____ OH Driver's License # _____

Do you own a car? No _____ Yes _____

Do you have access to transportation? No _____ Yes _____

Have you ever been convicted of a felony? No _____ Yes _____ If yes, explain

Employment Information

Current Employer: _____ Supervisor _____
Address _____ Phone # _____

Employed from _____ to _____

Describe your position and responsibilities on your job. _____

Previous Employer _____ Supervisor _____
Address _____ Phone # _____

Employed from _____ to _____

Describe your responsibilities at this job _____

References

List three references. At least two of the references should be business, professional or clergy. One may be a personal reference.

Name _____
Address _____

Phone _____
Relationship _____

Name _____
Address _____

Phone _____
Relationship _____

Name _____
Address _____

Phone _____
Relationship _____

Volunteer Experience

How did you hear about the Guardian Angels Volunteer Program?

Which of the Volunteer Opportunities are you interested in? You may select more than one.

- | | |
|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Senior Companion |
| <input type="checkbox"/> Help Guardian | <input type="checkbox"/> Family Volunteer |
| <input type="checkbox"/> Visitor of the Court | <input type="checkbox"/> Youth Volunteer |
| <input type="checkbox"/> Friend for Life | |

Please tell why you are interested in this particular volunteer position and the Guardian Program?

Please list your professional or volunteer experiences working with the elderly.

Please list your other volunteer experiences?

Training is required for all volunteers. Please indicate your preference.

- Morning
- Afternoon
- Evening
- Weekend

Thank you for your interest in the Guardian Angels of Ohio Volunteer Program.

Return application to: Guardian Angels of Ohio,
Trumbull County Probate Court
161 High Street, Warren, Ohio 44481-1230