

**Trumbull County Probate Court**  
Guardian Angels Volunteer Program  
**VOLUNTEER APPLICATION**

OFFICE USE	
Application	_____
Letter to applicant	_____
Interviewed	_____
References Sent (3)	_____
Date rcvd.	_____
Date rcvd	_____
Date rcvd	_____
BCI Check	_____
Trained	_____
Badge	_____
Start Date	_____

**PERSONAL INFORMATION**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**E-mail** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**In case of an emergency contact and phone number:** \_\_\_\_\_  
\_\_\_\_\_

**Marital Status** \_\_\_\_\_ **Occupation** \_\_\_\_\_

What is your highest level of education: \_\_\_\_\_ High School \_\_\_\_\_ College

Do you speak a foreign language? No  Yes  which language (s) \_\_\_\_\_

Can you communicate using sign language? No  Yes

Do you own a car? No  Yes

Do you have access to transportation? No  Yes

**Have you ever been convicted of a crime of violence** No  Yes  if yes, explain \_\_\_\_\_ **Have you ever been convicted of a theft crime?** No  Yes  if yes, explain \_\_\_\_\_

*Mandatory background is required you can schedule with Trumbull County Sherriff's Office \$25.00 and Identification Card needed or if you have one you're your previous employment, we can use a copy of the background.*

**Employment Information:**

**Current Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employed from** \_\_\_\_\_ **to** \_\_\_\_\_

**Describe your responsibilities on your job:** \_\_\_\_\_  
\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employed from** \_\_\_\_\_ **to** \_\_\_\_\_

**Describe your responsibilities at this 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?  
\_\_\_\_\_  
\_\_\_\_\_

Please tell why you are interested in this particular volunteer position and the Guardian Angel 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 Trumbull County Volunteer Program.*

Return application to: Guardian Angels of Trumbull County, Attn: Patricia J. Hovanic,  
Trumbull County Probate Court, 161 High Street, NW, Warren, Ohio 44481-1230