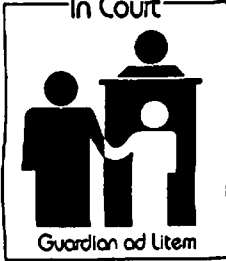


A Child's Advocate
In Court



MARION SUPERIOR COURT JUVENILE DIVISION
VOLUNTEER GUARDIAN AD LITEM PROGRAM
2451 N. KEYSTONE AVE
INDIANAPOLIS, IN 46218
(317) 327-8794

Volunteer Application
(Print Clearly)

For Office Use Only (Date Completed)
Interviewed _____
NC Criminal Record Check _____
National Criminal Record Check _____
Sex Offender Registry Check _____
Sworn In _____
Resigned _____

Male Female

Name _____
(First) (Middle) (Last) (Maiden)

Social Security No. _____ Date Of Birth _____
(to be used for conducting a criminal record check)

Home Address _____ Home Phone _____
(Street) (City) (State) (Zip)

Home Email Address _____ Cell Phone _____

Current Employer _____ Work Phone _____

Job Title _____ Work Email Address _____

How may we contact you? Check all that apply.

- Work email
- Home email
- Home phone
- Work phone
- Cell phone

Emergency Contact Person _____ Phone (W) _____

Phone (H) _____

Education (highest year of school completed)

- Less Than High School
- High School Graduate
- College Not Graduate
- Tech/Voc/Assoc. Degree
- College Graduate
- Post Graduate Degree

Highest Degree Received _____ Major/Minor Course Work _____

Although no special experience is required, do you have training, knowledge, or skills in any of the following areas?

- Computer Skills
- Foreign Language Proficiency *(list)*
- Public Speaking
- Training
- Other

List the organizations for which you have volunteered:

How did you learn of our program? _____

What are your reasons for wanting to participate in the Guardian ad Litem Program?

Do you drive and/or have regular access to transportation to fulfill your role as a Guardian ad Litem? Yes No

Have you ever been arrested, charged or convicted of a misdemeanor or felony other than a minor traffic violation? Yes No

If yes, please describe (including charge, date of conviction, county, state) on a separate page.

Have you ever been involved in any civil court proceeding? Yes No

If yes, please describe on a separate page.

Have you or any family member ever had any involvement with Department of Social Services? (i.e., employed by, reported for abuse/neglect, served as foster parent, been a foster child?) Yes No

If yes, please describe on a separate page.

Can you think of any reason why a judge might be reluctant for you to serve as a volunteer Guardian ad Litem?

How long have you lived in this county/community? _____

Please list as references three people who know you well, at least one for whom you have worked in either a paid or unpaid capacity. Please do not list relatives.

(Mr. / Mrs. / Ms.) _____ (Name)	_____ (Phone)	_____ (Relationship)
_____ (Address)	_____ (City)	_____ (Zip Code)
(Mr. / Mrs. / Ms.) _____ (Name)	_____ (Phone)	_____ (Relationship)
_____ (Address)	_____ (City)	_____ (Zip Code)
(Mr. / Mrs. / Ms.) _____ (Name)	_____ (Phone)	_____ (Relationship)
_____ (Address)	_____ (City)	_____ (Zip Code)

As a Guardian ad Litem you may need to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? Yes No

What times would you be available to serve as a Guardian ad Litem? _____

Would you be willing to advocate for a child who does not reside in the county you live? Yes No

Are you willing to represent a child for the duration of his/her case? Yes No

Optional: In order to determine if our volunteer pool reflects the diversity of the community, please indicate your ethnic group(s):

- African American Caucasian/Non-Latino Native American
 Asian/Pacific Islander Latino Multi-Racial
 Other _____

Acknowledgment and Permission to Conduct Record Check

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration, or will result in dismissal from the program. I hereby give permission for the Guardian ad Litem Program to conduct routine checks of my criminal records and any other checks deemed appropriate to determine my suitability for this confidential work. Any volunteer accepted into the program has an on-going duty to report to the supervisor of any future criminal charges after being accepted into the program.

(Applicant's Signature)

(Date)

Please mail or deliver this application to:

Marion Superior Court, Juvenile Division
ATTN: Ryan Hakes, Court Program Coordinator
2451 N. Keystone Ave.
Indianapolis, IN 46218

BACKGROUND CHECK AUTHORIZATION
(Must be completed in order to be considered for employment)

First Name _____ Last Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____

County of residence _____

Date of Birth (Month/Day/Year) _____ Social Security Number _____

Driver's License Number: _____ State of Issue: _____ Expiration Date: ____ / ____ / ____

Have you ever been _____ of a felony or misdemeanor, EXCLUDING traffic violations?
(Circle One) YES NO If Yes, please explain all conviction detail, including any related dates.

I give my permission to the City of Indianapolis and Marion County to conduct a background investigation, which will include the release of criminal records, as part of the processing of this application for employment.

Signature _____ Date _____ Phone _____

If you are under (18) years of age, your parent or guardian's signature is required.

Parent or Guardian Signature _____ Date _____

JUSTIS check completed: Yes NO Initials _____ Date _____

NCIC check completed: Yes NO Initials _____ Date _____

Sex Offender Registry check completed: Yes NO Initials _____ Date _____