



**Guardianship Services of Southwestern Indiana, Inc.**  
One Martin Luther King Jr. Blvd.  
Suite 129  
Evansville, IN 47708  
(812)589-3391

**Volunteer Application**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Int.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Sex:** Male Female (*circle one*)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Previous names (including maiden if applicable):** \_\_\_\_\_

**Previous Addresses:**

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**Spouses Name:** \_\_\_\_\_ **Spouses Employer:** \_\_\_\_\_

**Children's names and ages:**

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**Employment Status:** Full Time    Part Time    Student    Not Employed    Retired  
*(Please circle one)*

**Place of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Do you drive?**    Yes    No    **Do you have regular access to a car?**    Yes    No

**Ethnicity:**    African-American    Asian    Caucasian    Latino  
Native America    Other    Unknown

**Formal Education:** *(circle highest year completed)*    Some High School    High School    GED

Some College    College    Post-Graduate    Other: \_\_\_\_\_

**What is your primary language?** (please circle)    English    Spanish    Other: \_\_\_\_

**Do you have access to a computer?** \_\_\_\_\_ **Do you email?** \_\_\_\_\_ **Do you have a basic understanding of Microsoft Word?** \_\_\_\_\_

**Referred by:** \*Flyer    \*Friend    \*Internet    \*Local Newspaper    \*Local Radio

**What is your motivation for interest in the GSSWI program?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list hobbies and interest:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list Volunteer/Community Experiences:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list any experience working with elderly/handicapped:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list three references of people who know you well, other than relatives, preferably for whom you have worked with in either a paid or volunteer capacity:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Do you consent to a routine check of your criminal records?**    Yes            No

**Do you consent to a routine limited credit check?**                    Yes            No

**Do you consent to a routine check of sex offender's registry?**    Yes            No

Can you think of any reason why a judge might be reluctant for you to serve as a Court Appointed Guardian Volunteer? (If so, please explain)

\_\_\_\_\_  
\_\_\_\_\_

The Guardianship Services of Southwestern Indiana, Inc. (GSSWI) Volunteer Program Director reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence. GSSWI reserves the right to reject any applicant found to have been convicted of, or having and charges pending for a felony or misdemeanor involving a sex offence, child abuse, or neglect, or related acts that would pose risk to protected persons or the GSSWI programs credibility.

\_\_\_\_\_ Date \_\_\_\_\_

(Applicant's signature)

**THIS PART TO BE FILLED OUT BY THE PROGRAM DIRECTOR OR STAFF**

**Criminal background checks with:**

**NCIC:** Date checked: \_\_\_\_\_ Results: \_\_\_\_\_

**Local:** Date checked: \_\_\_\_\_ Results: \_\_\_\_\_

**Sex Offenders Registry:** Date checked: \_\_\_\_\_ Results: \_\_\_\_\_

**Limited Credit:** Date checked: \_\_\_\_\_ Results: \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

Program #