



**Area Five Agency on Aging &
Community Services:**
Adult Guardianship VASIA Program

VOLUNTEER APPLICATION FORM

Part 1 – Personal Information

A. General History

Name _____ Date of Birth _____

Address _____

Home Phone _____ Email _____

Cell Phone _____ Fax _____

Are you a U.S. citizen? _____

Are you currently a volunteer or employee for Area Five? _____

Employer _____

Employer Address _____

Employer Phone _____ May we call you at work? _____

Emergency Contact _____

Phone Number and Address _____

Are you at least 21 years of age? _____

Describe the condition of your general health _____

Please describe any limitations that could interfere with your performance _____

Name(s) of community and religious organizations(s) or clubs you hold membership in _____

Current or past offices held _____

B. Transportation

Do you have a valid driver's license? Yes___ No___ License # _____

Do you have a car available to you? Yes___ No___

C. EDUCATION/TRAINING EXPERIENCE

Did you graduate from High School? Yes___ No___

Did you attend college or technical/trade school? Yes___ No___

College Degree(s) and professional/trade licenses held _____

Other Educational/Training Programs Completed _____

Do you have training and/or work experience in any of the following areas?

- | | | |
|--|--|--|
| <input type="checkbox"/> counseling | <input type="checkbox"/> criminology | <input type="checkbox"/> drug/alcohol abuse |
| <input type="checkbox"/> education | <input type="checkbox"/> geriatric care | <input type="checkbox"/> health care |
| <input type="checkbox"/> mental health | <input type="checkbox"/> news media | <input type="checkbox"/> nursing |
| <input type="checkbox"/> law | <input type="checkbox"/> public speaking | <input type="checkbox"/> office administration |
| <input type="checkbox"/> psychology | <input type="checkbox"/> social work | <input type="checkbox"/> law enforcement |
| <input type="checkbox"/> writing | other _____ | |

Do you speak a foreign language? _____ Please List _____

D. LEGAL HISTORY

Have you ever been arrested, indicted, or charged with a misdemeanor or criminal offense? Yes ___ No ___

If yes, please explain _____

PART 2 – PERSONAL REFERENCES

Area Five requires two personal and one job related references to complete the Volunteer Application. Please print the names, addresses, zip codes, email addresses, and phone numbers of three people who have known you for a minimum of **two years**. The references need to be individuals who can address how well you relate to elderly and/or incapacitated persons and how well you can fulfill the responsibility of being an Area Five Guardianship Volunteer. **Please do not include relatives.**

Name _____ Relationship _____

Daytime Phone Number _____ Length of acquaintance _____

Address _____

Email _____

Name _____ Relationship _____

Daytime Phone Number _____ Length of acquaintance _____

Address _____

Email _____

Name _____ Relationship _____

Daytime Phone Number _____ Length of acquaintance _____

Address _____

Email _____

PART 3 – AFFIRMATION AND RELEASE

I, _____, hereby affirm that all the answers on the above Volunteer Application for the **Area Five Adult Guardianship VASIA Program** are true to the best of my knowledge. I hereby authorize Area Five to investigate my background to determine my fitness as a potential Area Five Volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a guardianship volunteer.

Furthermore, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Area Five Adult Guardianship VASIA Program Director as soon as possible.

I am aware of the sensitive and **confidential** nature of the official documents, reports, and other materials I will examine in my capacity as an Area Five Guardianship Volunteer. I promise that I shall hold all pertinent information in strict confidence. I will only discuss the contents of these materials with those persons who are parties to the case and their legal representatives or with persons or organizations that may be consulted for professional knowledge or expertise. I will not remove any written records from the Area Five Adult Guardianship VASIA Program office without expressed permission from the Program Director. I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this statement and can be terminated for such violation..

Signed _____ Date _____

Print Name _____ Phone Number _____

Address _____

Email _____

Complete this document in its entirety and mail, email, or call to return to:

Linda L. Johnson
Guardianship Program Director
Area Five Agency on Aging &
Community Services
900 E.. Jefferson Street
Tipton, IN 46072
574-702-5684
ljohnson@areafive.com

Or

Alachia Sturgess
Guardianship Program Staff Coordinator
Area Five Agency on Aging &
Community Services
1801 Smith Street
Logansport, IN 46947
765-475-3301
asturgess@areafive.com

Or

Shawn Durham
Guardianship Program Guardian Specialist
Area Five Agency on Aging &
Community Services
107 W Taylor Street
Kokomo, IN 46901
574-601-0303
sdurham@areafive.com