



**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? _____

Spouse

Name _____ Phone _____

Spouse's Occupation _____

Spouse's Employer _____

Emergency Contact _____

Phone Number and Address _____

Are you at least 21 years of age? _____

Describe the condition of your general health _____

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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. EMPLOYMENT/VOLUNTEER WORK HISTORY

1. Present employer or volunteer program_____

Date you began employment/volunteer work_____

Address_____ Phone_____

_____ Fax_____

Job Description_____

2. Present employer or volunteer program_____

Date you began employment/volunteer work_____

Address_____ Phone_____

_____ Fax_____

Job Description_____

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3. Present employer or volunteer program_____

Date you began employment/volunteer work_____

Address_____ Phone_____

_____ Fax_____

Job Description_____

D. EDUCATION/TRAINING EXPERIENCE

Did you graduate from High School? Yes___ No___

Name of School and Year Graduated_____

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

Name of school and dates attended_____

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?

___counseling ___criminology ___drug/alcohol abuse

___education ___geriatric care ___health care

___mental health ___news media ___nursing

___law ___public speaking ___office administration

___psychology ___social work ___law enforcement

___writing other_____

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If yes to the above categories, please describe _____

Do you speak a foreign language? _____ Please List _____

E. LEGAL HISTORY

Have you ever been arrested, indicted, or charged with a misdemeanor or criminal offense? Yes ___ No___

If yes, please explain _____

Have you ever been involved as a party in a probate court case? Yes ___ No___

If yes, please explain _____

Have you ever been the subject of a child abuse, domestic violence, or adult protection investigation? Yes ___ No___

If yes, please explain _____

PART 2 – MOTIVATION AND LIFE HISTORY INFORMATION

Please answer the following questions in paragraph form on a separate sheet of paper.

1. Write a short summary about your interest in volunteering with Area Five Adult Guardianship VASIA Program, and how you hope to benefit from your experience with this Program.

2. Briefly explain what led to your decision to apply for a volunteer position with Area Five. (What attracted you to this particular program?)

3. Briefly explain your philosophy on aging including the rights of the elderly.

4. Briefly explain what role you believe society should play in:
 - a. protecting the elderly and/or disabled
 - b. helping the elderly and/or disabled to overcome hardships and remain living independently

5. Please write a one-page autobiography.

PART 3 – 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 4 – 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 to:

Linda L. Johnson
Guardianship Program Director
Area Five Agency on Aging &
Community Services
341 W. Jefferson Street, Suite #C
Tipton, IN 46072