

VOLUNTEER APPLICATION FORM
Portage County Guardianship Service Board



Last Name: _____ First: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____

Why do you want to be a PCGSB Volunteer?

What current or previous experience do you have volunteering with another organization? None:

Organization Name: _____ Volunteer Position: _____ Dates: From _____ To _____

1. _____

2. _____

3. _____

Do you have any life experiences with guardianships, such as being a caregiver for a friend or family member?

What form of transportation do you primarily use?

(Volunteer Visitors must be able to drive to their assigned wards' residential locations)

Own Personal Vehicle: Rely on Family/Friends: Use Public Transportation: Other:

If using your personal vehicle, please provide the following information:

Name of Vehicle Insurance Carrier: _____ Policy #: _____

VOLUNTEER APPLICATION FORM
Portage County Guardianship Service Board



Education Completed:

High School Technical/Trade School 2- Year College 4-Year College Advanced Degree

Majors: _____

Degrees Awarded: _____

Employment (starting with most recent)

Employer Name: _____ Position Held: _____ Dates From _____ To _____

- 1.
- 2.
- 3.
- 4.

References

Please provide three references from people who know you well, for whom you have previously worked or have previously or currently volunteered (other than relatives).

Name: _____ Phone: _____ Relationship: _____

- 1.
- 2.
- 3.

Please provide any additional information you would like to have considered with your Volunteer Application:

VOLUNTEER APPLICATION FORM
Portage County Guardianship Service Board



APPLICANT'S STATEMENT (Please read carefully and sign):

The information I provided in this application is true, correct and complete, to the best of my knowledge. I understand that any false or misleading information, omissions, unsatisfactory references or failure to pass a criminal history check may result in the denial of my application or, if discovered after my volunteer assignment commences, immediate termination as a volunteer. I authorize Portage County to investigate and verify all information requested or provided on this application and authorize persons and entities to provide such information. All references listed may be contacted, and I release Portage County and all persons or entities that provide information from all liability or claims relating to the information or decisions made based upon that information.

I agree to maintain the confidentiality of all information regarding the Portage County Guardianship Service Board or the individuals or organizations it serves while serving as a volunteer of the PCGSB.

Further, I understand that, if selected for a volunteer position, my volunteer assignment will be at will, which means that this relationship is strictly voluntary and my relationship with the PCGSB may be ended by myself or the PCGSB with or without cause or notice, at any time. I also understand and agree that I am not being offered employment with Portage County or the promise of any future employment with Portage County as a result of completing this volunteer application form or serving as a volunteer with the PCGSB.

Signature: _____ Date: _____

Printed Name: _____

RELEASE FOR CRIMINAL BACKGROUND CHECK
Portage County Guardianship Service Board

I understand that, as a result of making an application to serve as a Volunteer with the Portage County Guardianship Service Board, I am hereby authorizing and requesting that the Probate Court, its agents and authorized employees, make any and all examinations of my criminal record, and I hereby release any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED: _____

By: _____

Social Security Number: _____

(Print): _____

Date of Birth: _____