

Interviewed	_____
Criminal Record Check	_____
Trained	_____
Sworn In	_____
Resigned	_____

**Administrative Office of the Courts
North Carolina Guardian at Litem Program**

**Volunteer Application
(Print Clearly)**

Name _____ Mr. Mrs. Ms.
(Last) (First) (Middle)

Social Security No. _____ Date Of Birth _____

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

Employed By *(If not employed, list last employer)* _____

Address _____ Phone _____

Job Title _____ May you be called at work? Yes No

Supervisor's Name _____ Email _____

Emergency Contact Person _____ Phone (W) _____

Education (highest year of school completed) _____ Phone (H) _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> College Not Graduate | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Tech/Voc/Assoc. Degree | <input type="checkbox"/> Post Graduate Degree |
| Degree Received _____ | | Major/Minor Course Work _____ |

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Criminology or Law Enforcement | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Drug or Alcohol Abuse Counseling | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Foreign Language Proficiency | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Child Welfare Social Work | <i>(list)</i> _____ | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Clerical/Computer | <input type="checkbox"/> Management | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Other _____ |

List current and previous volunteer work, including name of organization and supervisor:

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 a car? Yes No

If yes, complete the following:

Valid driver's license number _____ State _____

Automobile insurance company _____ Policy No. _____

Have you ever been convicted of a crime 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 had any involvement with DSS? (i.e., employed by, served as foster parent, reported for abuse, neglect?) 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? _____ If less than two years, please give previous address: _____

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 will be expected 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? _____

If this is a multi-county judicial district, would you be willing to work in all counties served by this program? Yes No

If no, please list the counties in which you would be willing to work: _____

Are you willing to commit at least two years of volunteer service? Yes No

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 result in dismissal at a later time. I hereby give permission for the Guardian ad Litem Program to conduct a routine check of my criminal records and any other checks deemed appropriate to determine my suitability for this confidential work. All information obtained will be held in strictest confidence.

(Applicant's Signature)

(Date)

Please mail or deliver this Application to: Mary May, District Administrator
Guardian ad Litem Program
17 Peachtree St., Suite C
Murphy, NC 28906