

# Kids' Voice

## Authorization for Release of Limited DCS Record

**APPLICANT:** To determine eligibility for consideration of acceptance into the Kids' Voice GAL Volunteer Program it is required that a limited Department of Child Services record history check be made on all applicants. We will request information concerning reports of alleged abuse and neglect. This information will be kept confidential by the professional staff throughout the screening phase of the application process. Your application may be denied upon disclosure of a record of improper conduct.

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**I HEREBY AUTHORIZE KIDS' VOICE TO REQUEST AND RECEIVE A LIMITED WELFARE RECORD HISTORY SUBJECT TO THE FOLLOWING CONDITIONS:**

- 1. The purpose and need for disclosure is to determine eligibility for acceptance as a GAL volunteer by Kids' Voice.**
- 2. The specific information to be disclosed (310's and 311's) is information concerning reports of complaints of abuse and neglect and official current status.**
- 3. Information will be released to the professional staff of Kids' Voice for initial consideration of acceptance.**
- 4. Applicant's signature signifies the understanding that this consent is valid as long as he/she is an active applicant of participant in the GAL Program and expires only when he/she is no longer officially recognized as a program participant.**

**APPLICANT:** \_\_\_\_\_  
First Name Middle Name Maiden Name Last Name

**Current Residence:** \_\_\_\_\_  
Street City State Zip

**Social Security #:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Past Residence:**

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Inclusive Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Inclusive Date \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# Kids' Voice

## Authorization for Release of Limited Criminal and Driving Record History

**APPLICANT:** To determine eligibility for consideration of acceptance into the Kids' Voice GAL Volunteer Program it is required that a limited criminal and driving record history check be made on all applicants. We will request the following information: arrest date, offense, disposition and/or conviction, and official current status. This information will be kept confidential by the professional staff throughout the screening phase of the application process. Your application may be denied upon disclosure of a felony record. An existing non-felony record may or may not exclude you from consideration of acceptance.

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**I HEREBY AUTHORIZE KIDS' VOICE TO REQUEST AND RECEIVE A LIMITED CRIMINAL AND DRIVE RECORD HISTORY SUBJECT TO THE FOLLOWING CONDITIONS:**

- 1. The purpose and need for disclosure is to determine eligibility for acceptance as a GAL volunteer by Kids' Voice.**
- 2. The specific information to be disclosed is criminal history information.**
- 3. Information will be released to the professional staff of Kids' Voice for initial consideration of acceptance.**
- 4. Applicant's signature signifies the understanding that this consent is valid as long as he/she is an active applicant or participant in the GAL Program and expires only when he/she is no longer officially recognized as a program participant.**

**APPLICANT:** \_\_\_\_\_  
First Name Middle Name Maiden Name Last Name

**Current Residence:** \_\_\_\_\_  
Street City State Zip

**Social Security #:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Past Residence:**

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Inclusive Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Inclusive Date \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Kids' Voice of Indiana**  
**9150 Harrison Park Court, Suite C**  
**Indianapolis, IN 46216**  
**(317) 558-2870**  
**(317) 558-2945 FAX**

Date Submitted _____
Date Reviewed _____
Reference Checks Completed _____
_____
Training Completed _____
_____

**VOLUNTEER GUARDIAN AD LITEM APPLICATION FORM**

**PART 1 – PERSONAL INFORMATION**

**General History**

Name _____	Date of Birth _____
Address _____	Soc. Security # _____
City/Zip _____	Sex _____ Race _____
Home Phone _____	Email _____
Business Name _____	Business Phone _____
Business Address _____	Fax _____
_____	May you be called at work? _____

Name of Spouse (if married) \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Children:	Name	Date of Birth
	_____	_____
	_____	_____
	_____	_____

Other Members of Household:	Name	Relationship
	_____	_____
	_____	_____

Emergency Contact \_\_\_\_\_

Address and Phone of Emergency Contact \_\_\_\_\_

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Describe Your General Health \_\_\_\_\_

Name of Community, Professional or other Organizations you Belong \_\_\_\_\_

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Offices Currently or Previously Held \_\_\_\_\_

#### TRANSPORTATION

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a car available to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_ Liability Limits \_\_\_\_\_

Policy Number \_\_\_\_\_

#### PAID/UNPAID WORK HISTORY

Present Employer \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Employer Contact/Supervisor \_\_\_\_\_

Supervisor Telephone \_\_\_\_\_ Company Fax \_\_\_\_\_

Job Description \_\_\_\_\_

Previous Employer \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Employer Contact/Supervisor \_\_\_\_\_

Supervisor Telephone \_\_\_\_\_ Company Fax \_\_\_\_\_

Job Description \_\_\_\_\_

EDUCATION/TRAINING/EXPERIENCE

High School Diploma Yes \_\_\_\_\_ No \_\_\_\_\_

Name of High School and Year Graduated \_\_\_\_\_

College Diploma Yes \_\_\_\_\_ No \_\_\_\_\_

Name of College/University and years attended \_\_\_\_\_

College Degree(s) held \_\_\_\_\_

Other Education/Training Programs Completed \_\_\_\_\_

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

- \_\_\_\_\_ art/graphics                      \_\_\_\_\_ child care                      \_\_\_\_\_ child development
- \_\_\_\_\_ counseling                      \_\_\_\_\_ criminology                      \_\_\_\_\_ drug/alcohol abuse
- \_\_\_\_\_ education                      \_\_\_\_\_ health care                      \_\_\_\_\_ law enforcement
- \_\_\_\_\_ mental health                      \_\_\_\_\_ news media                      \_\_\_\_\_ psychology
- \_\_\_\_\_ public speaking                      \_\_\_\_\_ social work                      \_\_\_\_\_ writing
- \_\_\_\_\_ other: if yes, please describe \_\_\_\_\_

LEGAL HISTORY

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever been involved in a juvenile court case (as an adult or child)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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 and how you hope to benefit from this volunteer experience.
2. Briefly explain what led to your decision to apply for a volunteer position with the Guardian ad Litem program?
3. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
4. Briefly explain what role you believe society should play in
  - a. protecting the rights of children.
  - b. helping a family overcome hardships and remain living together as one unit.
5. Please write a **one page** autobiography.

**PERSONAL REFERENCES**

Please print the names and contact information of people who have known you for at least **two years**. Who know you well and who can address themselves to how you relate to children/people in general, and how well you could fulfill the responsibility of a GAL. **Please do not include relatives.** The Kids' Voice program staff will contact the references you list.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

**AFFIRMATION OF RELEASE**

I, \_\_\_\_\_, hereby affirm that all the answers on this volunteer application for Kids' Voice are true to the best of my knowledge. I hereby authorize Kids' Voice to investigate my background to determine my fitness as a potential GAL volunteer. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Guardian ad Litem.

Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the child (or children) to whom I am assigned are under the court's jurisdiction. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program staff/Volunteer Coordinator 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 a GAL volunteer. I promise that I shall hold in strict confidence all pertinent information. I will discuss the contents of these materials only with those persons who are parties to the case, their legal representatives, or those people who will be consulted due to their professional knowledge or expertise. 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Witness – Program Staff \_\_\_\_\_

Return completed form to :

Kids’ Voice of Indiana  
9150 Harrison Park Court, Suite C  
Indianapolis, IN 46216  
(317) 558-2870