



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 _____

Do you have any medical limitations or physical disabilities that might affect your ability to fulfill your volunteer responsibilities? _____

Primary Language _____ Secondary Language _____

Name of Community, Professional or other Organizations you Belong _____

How did you hear about Kids' Voice of Indiana? _____

TRANSPORTATION

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

Is a car available to you? Yes _____ No _____

Insurance Company _____ 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** describing what led to your decision to apply for a volunteer position in the Guardian ad Litem program and explain how you hope to benefit from this experience.
2. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
3. 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.
4. Please write a brief autobiography highlighting any life experiences which may impact your serving as a Guardian ad Litem.

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 – *email contact is preferred*.

Name _____ Relationship _____

Email _____

Daytime Telephone Number _____ Length of acquaintance _____

Address _____ City/ST/Zip _____

Name _____ Relationship _____

Email _____

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 _____

Return completed form to:

Kids' Voice of Indiana
9150 Harrison Park Court, Suite C
Indianapolis, IN 46216
(317) 558-2870 x100
(317) 558-2945 (fax)
Email: info@kidsvoicein.org

Kids' Voice of Indiana

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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INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R5 / 8-13) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* **PLEASE NOTE:** If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A – TO BE COMPLETED BY REQUESTING ORGANIZATION					
1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____					
<input checked="" type="checkbox"/> Other (insert name of requestor) <u>Kids' Voice of Indiana</u>					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
Dara Readus			(317) 558-2870 ext. 327		(317) 558-2945
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
9150 Harrison Park Court, Suite C, Indianapolis, IN 46216				dreadus@kidsvoicein.org	
SECTION B – TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.					
9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)	12. Gender of applicant
					<input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant
16. Current residential address of applicant (number and street, city, state, and ZIP code)				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-	
				XXX-XX-	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County		Year Began	Year Ended	County	Year Began
Example - XYZ County		02/1992	Current	18c.	Year Ended
18a.				18d.	
18b.				18e.	
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime?					If yes, complete 19a through 19e. If no, please stop.
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name)			19b. Other last name(s)		
19c. Nickname or shortened first name			19d. Pre-adoptive name or other alias name / how used		
19e. Other alias name / how used					
SECTION C – TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?				If yes, was there ever any negative action taken on the foster care application or license?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.					
22. * The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below.					
<input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.					
23. Signature of staff member completing check			24. Title of staff member completing check		25. Date (mm/dd/yyyy)
26. Printed name of staff member completing check			27. Indiana Department of Child Service office completing check		
			_____ County Local Office / Central Office Background Check Unit		