

Volunteer Advocates for Children – Program Application

Legal Aid Society of the O.C.B.A., Inc., 100 E. Robinson Street 407-841-8310

Name: _____
Last First MI Maiden Suffix

Address: _____
Street and Apt # City, State, Zip County

Phone: _____
Home Phone Work Phone Cell Phone

E-mail Address

SSN: _____ **Driver's License #:** _____
Number Exp. Date

Sex: ___ F ___ M **Marital Status:** ___ Single ___ Married ___ Divorced ___ Widowed

Date of Birth: _____ **Place of Birth:** _____
DD/MM/YYYY City, State or Province, Country

Race: (optional) African-American ___ Asian/Pacific Islander ___ Caribbean ___
Hispanic/Latino ___ Indian Sub-Continent ___ Caucasian ___
Other _____ Multi-racial ___ Native American ___

Number of people (including children) residing in your household:

Name	Date of Birth	Sex	Relationship

Education:
High School: Graduation Date _____ or Date GED Awarded _____
College: (circle highest level completed) 1 2 3 4 Degree/Date Awarded _____
Graduate School: 1 2 3 4 Degree/Date Awarded _____ Name of present or last school attended: _____ Location: _____
Areas of Study: _____
What languages do you speak other than English? _____

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Do you have any health or physical limitations that may prevent you from performing the necessary duties that may be required of you as a Volunteer Advocate for Children?

NO

YES (explain)

Vehicle Information

Do you drive or have a vehicle available to you? NO YES

Do you have a current car insurance policy?

Year

Make

Model

Tag #: _____

Have you had any traffic violations in the last three years? NO Yes

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Criminal Background Information

Have you ever been arrested for any criminal offense?

NO

YES (explain)

Dates of Arrest: _____ Where? _____

Have you been convicted of a crime?

NO

YES

Dates of Conviction: _____

Where? _____

Under what name were you arrested? _____

Please note that a prior conviction will not necessarily exclude you from serving as a VAC

Employment History

Are you currently employed?

NO

YES

If YES, please provide information for your last 3 employers or the last 5 years. If no, please provide most recent employer.

PRESENT/MOST RECENT EMPLOYER'S NAME:

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Supervisor's Name _____ **Phone Number:** _____

Address: _____
Street City State Zip County

Your Position: _____ **Employed From:** _____ **to** _____
MM/YYYY MM/YYYY

Duties: _____

Present/Most Recent Employer:

Supervisor's Name _____ **Phone Number:** _____

Address: _____
Street City State Zip County

Your Position: _____ **Employed From:** _____ **to** _____
MM/YYYY MM/YYYY

Duties: _____

Present/Most Recent Employer:

Supervisor's Name _____ **Phone Number:** _____

Address: _____
Street City State Zip County

Your Position: _____ **Employed From:** _____ **to** _____
MM/YYYY MM/YYYY

Duties: _____

Check any of the following areas in which you have training or work experience:

Medicine, public health	Social work, foster care, adoptions	Mental health, psychology, counseling, substance abuse
Law, law enforcement	Sports/recreational activities	Art, music, drama, creative writing
Education, child development	Homemaking, parenting	Public relations, media, journalism

Please give a brief description of your experience in the areas checked above:

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What are your hobbies and interests?

List community activities or membership in clubs, church, and other organizations:

Briefly describe prior experience with volunteer projects and reason for leaving:

Personal References: (Please list three, including *at least* two non-relatives. Please list the complete mailing address and email address of each reference.)

REFERENCE #1

Name _____ Relationship: _____

Address: _____
Street City State Zip County

Work Phone: _____ Home Phone: _____ Email

Address: _____

REFERENCE #2

Name _____ Relationship: _____

Address: _____
Street City State Zip County

Work Phone: _____ Home Phone: _____ Email

Address: _____

REFERENCE #3

Name _____ Relationship: _____

Address: _____
Street City State Zip County

Work Phone: _____ Home Phone: _____ Email

Address: _____

Emergency Contact(s):

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Name Address Phone Number Relationship

Describe at least one experience in your life that has enhanced your ability to sympathize with a child or family in crisis:

Please state briefly the reasons why you are interested in serving as a Volunteer Advocate for Children:

The Guardian ad Litem program mobilizes the Volunteer Advocates for Children in a number of ways according to our needs. At times, we require a long-term commitment of 6 months or more for cases that need a higher level of supervision. Other cases may require a more brief type of assistance: a one-time visit or occasional visits. Please indicate your availability/preference below by checking the box next to the appropriate response:

I would like to work on cases that will require my assistance for 6 months or more.

I would like to assist on cases that will require my assistance on a one-time or occasional basis.

I am willing to assist on both types of cases listed above.

How did you learn about the VAC Program? _____

DISCLOSURE

IT IS A MISDEMEANOR IN THE FIRST DEGREE, PUNISHABLE AS PROVIDED IN SS.775.082 OR S.775.083, FOR ANY PERSON TO WILLFULLY, KNOWINGLY, OR INTENTIONALLY, BY FALSE STATEMENT, MISREPRESENTATION, IMPERSONATION, OR FRAUDULENT MEANS, TO DISCLOSE IN ANY APPLICATION FOR A VOLUNTEER POSITION OR FOR PAID EMPLOYMENT WITH THE GUARDIAN AD LITEM PROGRAM, ANY MATERIAL FACT USED IN MAKING A DETERMINATION AS TO THE APPLICANT'S QUALIFICATIONS FOR SUCH POSITION. FLORIDA STATUTES SECTION 39.821(3)

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By my signature below, I hereby certify that the information I have provided in this application is true to the best of my knowledge, and that I will inform the Volunteer Advocates for Children Program of the Legal Aid Society of the Orange County Bar Association, Inc. in a timely fashion of any changes.

Signature

Date DD/MM/YYYY

Print

Name

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PLEASE READ AND SIGN

TO WHOM IT MAY CONCERN:

I hereby authorize the Legal Aid Society of the Orange County Bar Association to conduct an investigation of my background in conjunction with their official duties, including verifying my current employment and contacting my references.

With this release, I further understand that the Guardian ad Litem Program may check with the Department of Law Enforcement and the State of Florida Child Abuse Registry. Fingerprinting and other background checks deemed necessary might also be conducted.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use by the Legal Aid Society Guardian Ad Litem Program.

PRINT FULL NAME: _____

SIGNATURE: _____

ADDRESS: _____

