



GUARDIAN AD LITEM APPLICATION FORM

PERSONAL INFORMATION

Name: _____
Last First Middle Preferred Name

Address: _____

City: _____ State: Zip: _____

Home Phone: _____

Cell: _____

Work Phone: _____

Fax: _____

Email: _____

Gender: Male Female

Social Security #: _____

Date of Birth: _____

AKA (maiden names, Etc.): _____

Ethnic Background: _____

Second Language(s): _____

Driver's License No.: _____

State: _____ Exp. Date: _____

Preferred method of contact:

Home Phone Cell Phone Email Text Messages

PREVIOUS ADDRESSES

OF YEARS

How long have you lived in _____ County? _____

How long have you lived in Nevada? _____

Please list places of residence for the past ten years:

STREET ADDRESS	CITY/STATE	# OF YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use the back of this page if more space is needed)

EDUCATION

Highest Completed: High School Some College 2 Year Degree
 4 year degree Post Graduate Degree

As it pertains to the highest level completed, please provide:

Name of School: _____

Specific Degree or Diploma Earned: _____

Date Received: _____

EMPLOYMENT

Please provide information about your current or most recent job:

Full Time Part Time Retired

Employer: _____ Position: _____

Address: _____

City _____ State _____ Zip: _____

From (Mo/Yr): _____ To (Mo/Yr): _____

Supervisor: _____ Supervisor's Phone: _____

May we contact your Supervisor? Yes No

Describe your duties:

If job is not current, reason for leaving:

Describe other professional experience you have:

If available, please submit a copy of your current resume.

FAMILY

Status: Single Married Separated Divorced Widowed Relationship

CHILD NAME	DATE OF BIRTH	GENDER
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

(Use the back of the page if more space is needed)

BACKGROUND

Do you have access to a car? Yes No

Insurance Provider: _____
(Provide copy of insurance card with application)

Have you been arrested, detained by police, summoned into court, convicted of any criminal charges, or had any traffic arrests or violations? Yes No

If yes, provide details in space below:

DATE OF OFFENSE	CHARGE	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES

Please list the names and other requested information below for those who will act as references for you (Reference Forms are included in the packet)

- The references you choose should be individuals that have known you for two years or more such as current or past co-workers, members of your church or community groups, people from organizations where you have been a volunteer, or friends. They cannot be a relative.
- If you are currently employed, one of your Reference Forms must be from your employer.
- If you are currently in therapy, one of your Reference Forms must be from your therapist.
- Again, Reference Forms from family members cannot be accepted.

REFERENCE NAME	ADDRESS	CITY, STATE & ZIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe why you want to be a Guardian ad Litem and what you see as the skills and strengths that you will bring to this role.

Have you ever been a Guardian ad Litem or been an employee of a CASA/GAL program?

Yes No

If yes, please give program name, job/volunteer title, dates of service, and reason for leaving:

Do you have any chronic health problems (e.g. back, migraines, hearing loss, etc.) that might interfere with your work as a GAL?

Yes No

If yes, please explain.

What does commitment mean to you?

Please answer the following questions regarding your computer and software expertise:

Do you have a computer at home? Yes No (if the answer is no, we have a computer available at the GAL Office to use for report writing)

Microsoft Office Word	
Is Microsoft Office Word currently installed on your computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work with a Word document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microsoft Office Excel	
Is Microsoft Office Excel currently installed on your computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work with an Excel document	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email	
Can you attach a document to an email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you open an attachment on an email?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What questions or concerns do you have about being a GAL?

The information requested in this application and other parts of the background check and selection process will be used only for the purpose of determining suitability as a GAL, and will be kept in confidence.

BY SUBMITTING THIS APPLICATION, I AGREE TO AND/OR AUTHORIZE THE FOLLOWING:

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if accepted, any misrepresentation or omission of fact may cause my disqualification and/or immediate termination. I understand that if I refuse or fail to sign this application, my application will be rejected.

I understand that by submitting this application, I am authorizing that inquiries be made concerning my suitability as a GAL. The background investigation will include a reference check, as well as a formal security check. I acknowledge that if I am found to have been convicted of a felony, or to have current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect, I will be ineligible to serve in the role of a GAL.

I authorize the local District Court Guardian ad Litem staff to interview me in depth regarding my personal background and experiences that may be relevant to my role as a Guardian ad Litem. Children in the GAL program have experienced or witnessed a variety of personal challenges including emotional, physical or mental abuse or neglect, sexual abuse, substance abuse and/or mental illness. Because appropriate assignment of a child depends on the GAL's own experiences of these issues, I understand that my GAL interview will include questions about these sensitive topics. If I become uncomfortable with these questions I will be free to terminate the interview, but I understand that my application will then be considered withdrawn.

I understand that GALs are selected based on their individual ability to meet the responsibilities of the GAL program, as determined at the discretion of the local District Court Program Coordinator. I also understand that because of the confidential nature of the screening process, this agency is not obligated to disclose to me reasons or sources for any decision concerning my acceptance or non-acceptance into the GAL program. I understand that all materials I submit, and forms submitted by references, become property of the GAL program and will not be returned. Furthermore, I hereby waive any claim that the selection practices and policies described above are an invasion of privacy.

I understand that the agency must take the best interest of the children into consideration first when matching them with a GAL. Thus, I understand that in the event that I should complete the entire GAL training, (1) the GAL program is not obligated to certify me (present me to the Court to be sworn as a Guardian ad Litem), (2) the GAL program is not obligated to assign, or to actively seek to assign to me a child, and (3) I am not obligated, if called upon, to perform volunteer services herein applied for. However, no individual will be rejected because of disability, ethnicity, color, sex, gender identity, marital status, religion, national origin, race, age, or sexual orientation.

I understand that I must complete approximately 40 hours of training that includes the observation of court proceedings before being considered for certification as a GAL. I further understand that I must participate in an additional 12 hours of continuing education each year. If selected for program certification and assigned to a child's case, I understand that my duties will include court appearances, and may include written reports, visits to homes of family members involved in the case or children's treatment programs.

Finally, I recognize that any changes made to the understandings above must be made in writing and signed by the local District Court Program Coordinator.

Printed Name: _____

Signature: _____