



VOLUNTEER ADVOCATE APPLICATION FORM

Hamilton County VASIA Guardianship Program

As the director of the Hamilton County VASIA Guardianship Program, I would like to thank you for applying to be a Volunteer Advocate. The Volunteer Advocates will be a major source of the success of this program to help Seniors and Incapacitated Adults who do not have someone to assist in their decision making. It is very important that we get to know each other prior to making the commitment required to assist a senior or incapacitated adult. Please answer the questions as thoroughly as possible.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Sex (Please Circle): M F Other

Address _____

Email Address _____

Cell Number _____ Work Number _____

Race (Please Circle): White/Non-Hispanic Black/African-American Hispanic/Latino

Asian American Indian/Alaskan Native Hawaiian/Pacific Islander Other

EDUCATION

What is your highest level of schooling? (Please Circle) Elementary Jr. High High School College

Graduate School Other: _____

What degrees have you earned? _____

Have you had any special training? _____

Certificates Attained _____

Are you in school now? Y N If yes, part-time or full-time? (Please Circle) Part-Time Full-Time



If yes, what school are you attending and what are you studying?

EMPLOYMENT

Occupation _____

Please circle: Full-Time Part-Time Retired/Not Employed Student Other _____

Employer Name _____

Address _____

Phone Number _____

COURT INFORMATION

Have you ever been arrested or convicted of a crime? (Please circle) Y N

If yes, please include the following details of each conviction: Charge, Date of Arrest, Location, and Disposition. _____

A conviction will not necessarily preclude you from consideration unless such conviction(s) relates adversely to the volunteer position sought.

Have you ever had personal experience with the Department of Child Services or Adult Protection Services? (Please circle) Y N

If yes, please explain each situation, including the following details: Date(s), Location(s), Disposition(s).

Do you give your consent for the program to perform a Criminal Background check, Department of Child Services Check, and an Adult Protection Services Check? (Please Circle) Y N

*Please note that it is a requirement as a Volunteer Advocate to have these background checks successfully completed.



VOLUNTEER PROGRAM INFORMATION

Besides English, do you speak another language? (Please circle) Y N

If yes, please state which language(s) and your level of proficiency:

Have you had experience communicating with a senior or incapacitated adult? Y N

If yes, please explain you experience(s).

Do you work for FSSA? Y N

Do you work for an Indiana Court? Y N

Are you currently a volunteer for any other organization? Y N

If yes, please state which organization(s).

Do you hold an elected or political position? Y N

If yes, please explain your position.

Have you ever had a paid position working with disabled adults or seniors? Y N

If yes, please state where.



How did you hear about the program?

Please list three references of persons who know you, your abilities and talents, as they would pertain to the program. Please include the reference's name, address, contact information, and your relationship to the reference. References should know you for 2 years or more.

1.

2.

3.

Please write a few sentences explaining why you may want to become a volunteer advocate, as well as what you can bring to the program.



I, the undersigned, hereby understand that a condition to a volunteer position with the Hamilton County VASIA Guardianship program is that a Criminal Background Check be completed, a Child Protection Check through the Department of Child Services be completed, and an Adult Protection Check be completed. I understand that the refusal to give my permission will result in my rejection from the Hamilton County VASIA Guardianship Program.

I further acknowledge that I have completed this application form to the best of my ability and all the information provided is true. I understand falsifying any information on the application, or misrepresenting facts during the screening process is grounds for dismissal as a VASIA volunteer. I understand that I must participate in an interview with the VASIA staff. I understand that all information provided will remain confidential unless a crime against a child or vulnerable adult is revealed, at which that information will be passed on to the proper agency or police department.

If selected to be a volunteer, I understand that I must complete training provided by the Hamilton County VASIA Guardianship Program and understand that I will be required to complete additional training each year.

Applicant Printed Name _____

Applicant Signature _____

Date _____



Hamilton County VASIA Guardianship Confidentiality Agreement

I hereby agree that the VASIA Program, the VASIA staff and its Volunteers shall respect the right to privacy of all individuals. I agree to maintain strict confidentiality of all information related to a case. The Hamilton County VASIA Program shall take all reasonable steps to ensure that volunteers maintain strict confidentiality. Neither a VASIA program, nor its volunteers shall disclose confidential information relating to a case to any other person who is not a party to the case, except in reports to a court and as provided by law or court order.

Furthermore, I agree that individuals working in the Hamilton County VASIA Guardianship Program as staff, volunteers, or members of the program's governing board shall not use confidential information obtained through their work with VASIA for personal benefit.

Printed Name

Signature

Date



State of Indiana

Hamilton County Superior Court 1

Hamilton County VASIA Guardianship Program

Volunteer Oath

I do solemnly swear, that to the best of my skill and ability, I will perform the duties assigned to me by statute as a volunteer advocate. I will abide by the Orders of the Court and ensure that orders are properly executed. I will respect the confidentiality of all information reports revealed to me. Unless entitled by law or authorized by Court Order, I will not communicate to any persons anything I learn or obtain from any report or record. I will faithfully protect and promote the best interest of each senior or incapacitated adult that I am assigned until formally relieved of this responsibility by the Court.

(Volunteer Advocate)

sworn and subscribed to before me this

_____ day of _____ 20__

Hamilton County Superior Court 1



Please send completed application with all signatures to:

Shepherd's Center of Hamilton County

C/O Guardianship Program Director, Stephanie Seeger

347 South 8th Street, Suite B

Noblesville, IN 46060