

## SECURITY BACKGROUND/CRIMINAL RECORDS CHECK

It is necessary for the Program to collect your social security number to conduct a security background check. The Program will collect and utilize your social security number for this purpose only. Social security numbers contained in public records are protected from disclosure in § 119.071, Florida Statutes.

<b>Full Name</b>		<b>Maiden Name</b>	
<b>Alias or Prior Names Used</b>			
<b>Address</b>		<b>Previous State of Residence</b>	
<b>Driver's License Number</b>		<b>Place of Birth</b>	
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Ethnicity</b>	<b>Gender</b>

I hereby authorize a criminal records check for the purpose of providing my background information to the Guardian ad Litem Program. I hereby authorize release of this information to a representative of the Guardian ad Litem Program.

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**Signature**



**GAL**  
Guardian ad Litem

Second Judicial Circuit  
**Guardian ad Litem Program**  
A POWERFUL VOICE FOR FLORIDA'S CHILDREN

\_\_\_\_\_ has applied to be a guardian ad litem volunteer. The Guardian ad Litem Program trains volunteers in the community to provide independent representation of the best interests of children in court proceedings. Your name was given as a personal reference and your input is being solicited as part of our background check of the applicant. Please fill out and return this form to the applicant or to our office by mail or fax. If you need more space to answer a question, you may write on the back of this sheet or use a separate sheet of paper.

**Name of Person Giving Reference**

**Telephone**

\_\_\_\_\_

**How long have you known the applicant?**

- Professionally Known  
 Personally Known

\_\_\_\_\_

**Have you ever observed this person with children?**

- Yes  No

If yes, what are your impressions of the interaction?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you recommend this person to work in a volunteer capacity with children alleged to be victims of abuse or neglect? Explain.**

- Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How do you describe the applicant's ability to work effectively with others?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

**Date**

**Telephone Number**

Check here if you are interested in learning more about becoming a guardian ad litem



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