



**GAL**  
Guardian ad Litem

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

## GUARDIAN AD LITEM VOLUNTEER APPLICATION

Thank you for your interest in the **Second Judicial Circuit Guardian ad Litem Program** and advocacy for abused, abandoned and neglected children. We will use the information on this application to assess your qualifications to serve as a volunteer guardian ad litem and to conduct a security background investigation including a criminal records check. Please read the directions carefully and complete all sections of this form as thoroughly as possible. After completing the application, please return it to our office with a copy of your driver's license or photo ID. Send us the three (3) completed personal reference check forms as you collect them from your references. Please contact us if you have any questions.

*Please be aware that Florida has a very broad public records law and this application will be considered a public record. There are provisions in the Florida Statutes that enable the Program to protect certain information collected on this form, but if there is information that you are not comfortable providing, please speak to the circuit director to determine whether the information is critical to process the application.*

### APPLICANT INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date</b>
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>How long have you lived at your current address?</b>	<b>From</b>	<b>To</b>	
<b>Home Telephone</b>	<b>Work Telephone</b>	<b>Mobile Telephone</b>	
<b>Email Address</b>			
<b>Primary Language</b>		<b>Secondary Language</b>	
<b>Do you have the ability to arrange for transportation to attend hearings and visits with your assigned child?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

1920 Thomasville Road, Suite 208, Tallahassee, FL 32303-5217

gal2.org (850) 606-1200

**EMPLOYMENT HISTORY — *within the past five years, most recent first***

<b>Name of Employer</b>		<b>Address</b>	
<b>Job Title</b>		<b>Telephone</b>	<b>Supervisor Telephone</b>
<b>Responsibilities</b>			
<b>Dates of Employment</b>	<b>From</b>	<b>To</b>	
May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Name of Employer</b>		<b>Address</b>	
<b>Job Title</b>		<b>Telephone</b>	<b>Supervisor Telephone</b>
<b>Responsibilities</b>			
<b>Dates of Employment</b>	<b>From</b>	<b>To</b>	
May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Name of Employer</b>		<b>Address</b>	
<b>Job Title</b>		<b>Telephone</b>	<b>Supervisor Telephone</b>
<b>Responsibilities</b>			
<b>Dates of Employment</b>	<b>From</b>	<b>To</b>	
May we contact your supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**VOLUNTEER EXPERIENCE**

*Please list your volunteer experience including information regarding activities involving children.*

<b>Organization</b>	<b>Address</b>	<b>Telephone</b>
<b>Roles and Duties</b>		
<b>Dates of Service</b>	<b>From</b>	<b>To</b>

<b>Organization</b>	<b>Address</b>	<b>Telephone</b>
<b>Roles and Duties</b>		
<b>Dates of Service</b>	<b>From</b>	<b>To</b>

<b>Organization</b>	<b>Address</b>	<b>Telephone</b>
<b>Roles and Duties</b>		
<b>Dates of Service</b>	<b>From</b>	<b>To</b>

**TRAINING AND EXPERIENCE**

*Please check any categories in which you have training or experience.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advertising     | <input type="checkbox"/> Arts or Graphics    | <input type="checkbox"/> Child Development              |
| <input type="checkbox"/> Counseling      | <input type="checkbox"/> Criminology         | <input type="checkbox"/> Drug/Alcohol Programs          |
| <input type="checkbox"/> Education       | <input type="checkbox"/> Law Enforcement     | <input type="checkbox"/> Medicine                       |
| <input type="checkbox"/> Mental Health   | <input type="checkbox"/> News Media          | <input type="checkbox"/> Public Relations               |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Social Work         | <input type="checkbox"/> Writing (Grants, Business, PR) |
| <input type="checkbox"/> Legal           | <input type="checkbox"/> Disability Advocacy | <input type="checkbox"/> Mentoring                      |

*List any experience you have working with children.*

--

**BACKGROUND INFORMATION**

<b>Have you ever been arrested for a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, what was the charge?</b>
<b>Date of Arrest</b>	<b>Location of Arrest</b>
<b>What was the outcome?</b>	
<b>Have you or an immediate family member ever been a party in or subject of <u>any investigation involving an allegation of abuse, neglect or abandonment of a child?</u></b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain.</b>	
<b>Have you or an immediate family member ever been involved in a <u>dependency case?</u></b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain.</b>	
<b>Have you ever been a <u>victim of abuse, neglect or abandonment by a family or non-family member?</u></b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain.</b>	
<b>Have you ever been a <u>party in a domestic violence case?</u></b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please explain.</b>	

**REFERENCES**

List three (3) references who know you well and could evaluate your qualifications and ability to be a guardian ad litem. Please DO NOT list mere acquaintances or relatives. One of the references should have known you for at least five years and the others for at least two years. Give one personal reference check form—included at the end of this packet—to each of your references to complete. Do not wait to send in your application; return the forms to us as you get them back.

<b>Name of Reference 1</b>	<b>Address</b>	
<b>Telephone</b>	<b>Length of Time Known</b>	<b>Nature of Association</b>

**REFERENCES, CONTINUED**

<b>Name of Reference 2</b>	<b>Address</b>	
<b>Telephone</b>	<b>Length of Time Known</b>	<b>Nature of Association</b>

<b>Name of Reference 3</b>	<b>Address</b>	
<b>Telephone</b>	<b>Length of Time Known</b>	<b>Nature of Association</b>

**AFFIRMATION AND RELEASE**

*Please initial each of the following statements, then sign and date the application.*

\_\_\_\_\_ I understand that the Guardian ad Litem Program will investigate my background, character references and that, as a part of the screening process, a law enforcement records check will be conducted. I have read the above, understand its contents and give my consent for the Guardian ad Litem Program to investigate my background and authorize release of information that might have bearing on my ability to serve as a guardian ad litem volunteer.

\_\_\_\_\_ I hereby affirm that all of the answers provided on this application are true. I understand that it is a misdemeanor of the first degree, punishable as provided in § 775.082 or § 775.083, Florida Statutes, for any person to willfully, knowingly, or intentionally fail, by false statement, misrepresentation, impersonation or other fraudulent means, to disclose in any application for a volunteer position, any material fact used in making a determination as to the applicant's qualifications for such position.

\_\_\_\_\_ I understand the circuit director has the sole discretion to accept or reject any application.

\_\_\_\_\_ I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the Guardian ad Litem Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the circuit director with as much advance notice as possible.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Reasonable modifications and auxiliary aids and services are provided for individuals with disabilities. To request a modification or auxiliary aid or service, please contact the Statewide Guardian ad Litem Office ADA Coordinator at the Holland Building, 600 South Calhoun Street, Suite 260, Tallahassee, FL 32399-0979.*

**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.

---

**Signature**

**SURVEY**

**Completing this page is optional.** The information collected is used to aid the Guardian ad Litem Program in compiling statistical data. Refusal to answer will not result in adverse treatment of any applicant.

**Gender**

- Male
- Female

**Ethnicity**

- |   |  |
|---|--|
| <input type="checkbox"/> African American       | <input type="checkbox"/> Latino          |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Middle Eastern  |
| <input type="checkbox"/> Caucasian              | <input type="checkbox"/> Multiracial     |
| <input type="checkbox"/> Haitian                | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Other           |

**Highest Level of Education Completed**

- High School/GED  Yes  No *Name of School* \_\_\_\_\_
- Completed Undergraduate Degree  Yes  No *Name of School* \_\_\_\_\_
- Completed Graduate Degree  Yes  No *Name of School* \_\_\_\_\_
- Other \_\_\_\_\_

**Current Work Status**

- Employed Full Time
- Employed Part Time
- Not Employed
- Student
- Retired
- Other

**How did you hear about the Guardian ad Litem Program?**

- |   |  |
|---|--|
| <input type="checkbox"/> Billboard                | <input type="checkbox"/> Corporation                                     |
| <input type="checkbox"/> GAL Website/Internet     | <input type="checkbox"/> Transfer from Another Guardian ad Litem Program |
| <input type="checkbox"/> Brochure, Flyer, Mailing | <input type="checkbox"/> Family/Friend                                   |
| <input type="checkbox"/> Magazine or Newspaper    | <input type="checkbox"/> Volunteer Fair                                  |
| <input type="checkbox"/> Church                   | <input type="checkbox"/> Guardian ad Litem Staff or Volunteer            |
| <input type="checkbox"/> State Agency Referral    | <input type="checkbox"/> Volunteer Referral Agency                       |
| <input type="checkbox"/> College or School        |  |
| <input type="checkbox"/> Television or Radio Ad   | <input type="checkbox"/> Other: _____                                    |



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**





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**



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**