



STATE OF FLORIDA GUARDIAN AD LITEM PROGRAM
GUARDIAN AD LITEM PRO BONO ATTORNEY APPLICATION

Thank you for your interest in the Guardian ad Litem Program and advocacy for abused, abandoned, and neglected children. The Program will use the information on this application form to assess your qualifications to serve as a volunteer Guardian ad Litem. Please read the directions carefully and complete all sections of this form as thoroughly as possible. When you complete the application, please return it along with a copy of your driver's license or photo I.D. If you have any questions, please feel free to contact our office.

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.

Name:		Address:	
Home:	Work:	Fax:	
Cell:			E-mail:
Are you currently a member in good standing of the Florida Bar: Yes ___ No ___ Florida Bar Number: _____		Languages spoken: Date of Birth:	

BACKGROUND INFORMATION		
Have you ever been arrested for a crime: Yes ___ No ___		If yes, what charge?
Date of arrest:	Where?	
Date of disposition:	What was your plea?	What was the outcome?
Have you ever been a party in a domestic violence case? Yes ___ No ___ If yes, please explain. _____		
Do you or your immediately family members have any prior abuse reports? Yes ___ No ___ If yes, please explain. _____		
Describe any involvement in the dependency system (foster parent, prior representation in dependency court, etc.) _____ _____		

Please attach your resume or fill out the volunteer, employment and educational history sections of this application

EDUCATIONAL HISTORY					
SCHOOLS	NAME	MAJOR/COURSE OF STUDY	HIGHEST LEVEL COMPLETED		DIPLOMA/DEGREE
COLLEGE			1	2	3 4
GRADUATE			1	2	3 4

Please check any category in which you have training or experience:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Public Benefits | <input type="checkbox"/> Special Ed. |
| <input type="checkbox"/> Probate | <input type="checkbox"/> Appeals | <input type="checkbox"/> Administrative Law |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Immigration | |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Dependency | |

VOLUNTEER HISTORY

Please describe current and prior volunteer experience and community activities (include organization name):

EMPLOYMENT HISTORY

Name of present employer:		Address:	
Job title:	Dates of employment:	Supervisor: Phone Number:	
Brief description of work:			
Name of previous employer:		Address:	
Job title:	Dates of employment:	Supervisor: Phone Number:	
Brief description of work:			

Name of next previous employer:			Address:		
Job title:		Dates of employment:		Supervisor:	
				Phone Number:	
Brief description of work:					

AFFIRMATION AND RELEASE

PLEASE INITIAL:

_____ 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 Guardian ad Litem Program has the sole discretion to accept or reject any application.

Signature of Applicant: _____	Date: _____
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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 St., Suite 260, Tallahassee, FL 32399-0979.”

For Staff Purposes Only:

- Confirmed Active Florida Bar Status
- Copy of Drivers License on File

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

A. Gender

- A. Male
- B. Female

B. Ethnicity

- A. African American
- B. Asian/Pacific Islander
- C. Caucasian
- D. Haitian
- E. Hispanic
- F. Latino
- G. Multi-racial
- H. Native American
- I. Other

C. Highest Level of Education Completed

- A. High School/GED
Name of School _____
- B. Completed Under Graduate Degree
Name of School _____
- C. Completed Graduate Degree
Name of School _____
- D. Other

D. Current Work Status

- A. Full Time
- B. Part Time
- C. Not Employed
- D. Student
- E. Retired
- F. Other

E. How did you hear about the Guardian ad Litem Program?

Please check one:

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