

Volunteer Guardian Application

The information provided in this application is exclusively for the use by the Canyon County Board of Commissioners and the Canyon County Board of Community Guardians (BOCG) to determine eligibility for volunteer guardians. All information is kept confidential as provided by law.

1. Personal Data

Last Name	First Name	Middle Name	Date of Birth
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Address	City	State	Zip Code
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How long at above address?

Address	City	State	Zip Code
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(Please provide previous address, if the above address is less than 5 years)

Home phone	Work phone
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Cell phone	E-mail
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Highest level of education:

Secondary Language or Communication Skills (Braille, sign language etc.)?

2. Current Occupation

Name of position held	Dates employed
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Name of employer	City/State
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Name of position held	Dates employed
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Name of employer	City/State
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3. Volunteer Information and History

Please briefly discuss why you are interested in becoming a volunteer guardian.

Do you have any experience working with vulnerable individuals? If yes, please explain.

Are you currently serving or have you ever served as a guardian, conservator, payee, power of attorney or durable power of attorney for health care decisions? If yes, please briefly explain.

Please identify immediate family member(s) employed by a company or organization that provides individuals with services (i.e. nursing home, guardianship services, home health etc.) Please list information below.

<u>Name of Family Member</u>	<u>Relationship</u>	<u>Service provided</u>
1.		
2.		
3.		
4.		
5.		

4. Personal and Financial Background Information

Have you ever been charged and/or convicted of a crime other than a minor traffic offense?

Have you ever been involved with, alleged or substantiated, in an investigation of abuse, neglect, or exploitation of a child or an adult?

Have you ever been reported to, received a sanction from, or investigated by a Licensing Board; Certification Board; Insurance Company; and/or Medicaid?

Have you or your spouse ever filed for Bankruptcy or had any action taken towards you for non-payment issues?

If yes to any of the above, please provide details:

In signing below, I verify the information provided to be true and accurate.

Signature _____ Date _____

Volunteer Services I am able to provide:

- Local transportation _____
- Friendly Visits _____
- Attend Board Meetings _____
- Attend guardian trainings _____
- Availability during the day _____
- Availability during the evening _____
- Attend doctor visits _____
- Shopping with Ward _____
- Recreational activities with Ward _____
- Transport and accompany to events, church etc. _____

5. References

Please provide information for three (3) individuals you have known for at least one year (only one reference may be relative). Please notify the listed references to expect contact from the Canyon County Board of Community Guardians.

Name _____

Phone Number _____

Length of time known _____ Relationship _____

Address _____

Name _____

Phone Number _____

Length of time known _____ Relationship _____

Address

Name

Phone Number

Length of time known

Relationship

Address

AUTHORIZATION FOR CRIMINAL HISTORY AND BACKGROUND, REFERENCE AND CREDIT CHECKS

I hereby authorize Canyon County to thoroughly investigate my work history, my criminal and background history and verify all data given on my application, on related papers and in interviews. I authorize Canyon County to perform a credit check as required for the position I am applying for. I authorize all schools and firms named in my application to provide any information requested about me, and I release them and Canyon County from any liability for damage in providing this information. Additionally, I authorize Canyon County to take my fingerprints.

Printed Name

Signature

Date

Please return the completed application to:

County Coordinator
Canyon County Board of Community Guardians
1115 Albany St
Box 11
Caldwell, ID 83605
(208) 454-6888 - Fax