



GUARDIAN AD LITEM APPLICATION
OTTAWA COUNTY COURT OF COMMON PLEAS
JUVENILE DIVISION

CONTACT INFORMATION

Name: _____ Email: _____

Address: _____

Home #: _____ Cell #: _____

EMPLOYMENT

Full Time Part Time Not Employed Retired Student

Employer: _____ Position: _____

How long have you held this position? Years? _____ Months? _____

EDUCATION

GED High School Grad Some College 2 year Degree 4 year Degree Post Grad

Major Field of Study: _____ Minor Field of Study: _____

Please list any specialized education or experience in social work, child development, or other related field which may be helpful when serving as a guardian ad litem: _____

BACKGROUND INFORMATION

Have you ever been convicted of any felonies or misdemeanors? Yes No

If yes, please explain the charges in a separate attachment.

Have you ever been arrested, indicted, or charged with any offense in any action that involved an abused, neglected, or dependent child; or any sexually oriented offense? Yes No

If yes, please explain the charges in a separate attachment.

Have you ever been named a respondent in an action for a civil protection order or charged with domestic violence in any court? Yes No

If yes, please explain the charges in a separate attachment.

Has a referral ever been made to any children's services agency alleging that you abused or neglected a child?

Has a referral ever been made to any children's services agency alleging that you abused or neglected a child? _____ Yes _____ No

If yes, please identify the allegations made in each referral and whether the allegations were substantiated, unsubstantiated, or indicated.

Are you presently or have you ever been a party in a civil lawsuit in the past 5 years?

_____ Yes _____ No

If yes, please explain the charges in a separate attachment.

REFERENCES

Please list four (4) personal references you have known for at least one year. References from family members are NOT accepted. Please provide email addresses and inform your references that they will be sent an electronic reference form.

GAL applicants will be called for an interview AFTER at least three (3) references have responded.

Reference #1: _____

Relationship: _____

Reference's Email: _____

Reference's Phone: _____

Reference #2: _____

Relationship: _____

Reference's Email: _____

Reference's Phone: _____

Reference #3: _____

Relationship: _____

Reference's Email: _____

Reference's Phone: _____

Reference #4: _____

Relationship: _____

Reference's Email: _____

Reference's Phone: _____

CERTIFICATION AND RELEASE OF INFORMATION

I hereby provide my informed consent to the Ottawa County Juvenile Court GAP program to conduct a comprehensive investigation of my character and suitability to serve as a Volunteer GAL. By signing this release, I authorize the program to make inquiries regarding my fitness as a volunteer, including contacting the references I have provided, as well as my current and past employers. Additionally, I authorize background checks, including but not limited to FBI, national, state, and/or local law enforcement records, Bureau of Criminal Investigation checks, sexual offender registry checks, mental health evaluations, and child protective services history checks. I further consent to future background checks as necessary to continue serving as a Volunteer GAL.

I agree to cooperate fully with these checks and investigations, and I will provide all required releases or resign from my role as a Volunteer GAL.

This release shall remain valid unless revoked by me in writing before it is acted upon.

The criteria for selecting Volunteer GALs are based on ensuring that each applicant can fulfill the responsibilities of the role and does not pose any risk to the children or the integrity of the program. No applicant will be rejected based on race, color, religion, sexual orientation, national origin, gender, disability, age (21 or older), or marital status. I understand that the Ottawa County Juvenile Court GAP program retains the exclusive right to determine the suitability of individuals to serve as Volunteer GALs.

Applicants who decline to sign this release, omit significant information, or fail to complete the application accurately and truthfully will not be considered for the position.

Applicant's Signature: _____ Date: _____

PRINT Full Legal Name: _____

Date of Birth: _____ Social Security Number: _____