



VOLUNTEER GUARDIAN APPLICATION
OTTAWA COUNTY COURT OF COMMON PLEAS
PROBATE 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, healthcare, or other related field which may be helpful when serving as a volunteer guardian:

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 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.

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.

Volunteer Guardian 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 Probate Court GAP program to conduct a comprehensive investigation of my character and suitability to serve as a Volunteer Guardian. 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 Guardian.

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 Guardian.

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

The criteria for selecting Volunteer Guardians 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 (18 or older), or marital status. I understand that the Ottawa County Probate Court GAP program retains the exclusive right to determine the suitability of individuals to serve as Volunteer Guardians.

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: _____