

STATE OF SOUTH CAROLINA
OFFICE OF THE GOVERNOR
GUARDIAN AD LITEM PROGRAM APPLICATION
(Please Print Clearly)

Name _____
Last First Maiden/Middle Preferred Name

Date of Birth _____

Home Phone _____ Cell Phone/Pager _____

Home Address _____
Street/Mailing Address City/State/Zip County

Email: _____

Employed By: (If not employed, list last employer) _____

Address _____ Work Phone _____

Job Title _____ May you be called at work? Yes No

Supervisor's Name _____

Emergency Contact Person _____ Phone (W) _____

Phone (H) _____

Education: (Highest year of school completed)

- | | | |
|--|---|---|
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> College Not Graduate | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Tech/Voc/Assoc. Degree | <input type="checkbox"/> Post Graduate Degree |

Degree Received: _____ Major/Minor Course Work _____

Optional: In order to determine if our volunteer pool reflects the diversity of the community, please indicate your ethnic group(s):

Although no special experience is required, do you have training, knowledge, or skills in any of the following areas?

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Criminology or Law Enforcement | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Drug or Alcohol Abuse Counseling | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Child Welfare Social Work | <input type="checkbox"/> Management | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Clerical/Computer | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical | <input type="checkbox"/> Training/Instructing |
| | <input type="checkbox"/> Other | |

Are you willing to volunteer in other areas of our program? _____ If so, what areas?

Do you speak a foreign language? Yes No If yes, which language _____

How did you learn of our program? _____

List current and previous volunteer work, including name of organization and supervisor.

What are your reasons for wanting to participate in the Guardian ad Litem Program? _____

Have you or your immediate family ever been involved in Family Court Proceedings? Yes No

If yes, please describe and include dates. _____

Have you ever been employed with DSS? Yes No If yes, list when and what type employment.

Have you ever been a foster parent? Yes No If yes, with whom. _____

Have you ever been on Foster Care Review Board? Yes No

Do you drive? Yes No Do you have regular access to a car? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please describe (including charge, disposition of charges, and date of conviction, county, state) on a separate page.

Can you think of any reason why a judge might be reluctant for you to serve as a volunteer Guardian ad Litem?

How long have you lived in this county/community? _____ If less than two years, please give previous address: _____

PROSPECTIVE VOLUNTEER AUTOBIOGRAPHY

Name: _____ **County:** _____ **Date:** _____

In the space provided or on a separate sheet of paper, please write a brief autobiography. We would like to know more about you before you begin the training. This summary will help us make your training and Guardian ad Litem experience as meaningful as possible. Please include your autobiography with your application and mail to the GAL office. Thank you.

PLEASE PRINT CLEARLY

RELEASE/APPLICATION FOR PROSPECTIVE VOLUNTEERS

National CASA has a partnership with First Advantage, (formerly LexisNexis), as a preferred provider of criminal background checks for volunteers of guardian ad litem (GAL) programs throughout the United States. The S.C. Guardian ad Litem Program is a member of National CASA and as part of the volunteer process will obtain a criminal history background check.

County of GAL Office: _____

Volunteer Name: _____
First Middle Maiden Last

Other names by which known: _____

Address: _____
Street City State Zip

Date of Birth: _____ *

Social Security Number _____ - _____ - _____ *

** For Identification Purposes Only*

Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record:

I do not have a criminal record.

AUTHORIZATION

During the application process and at any time during the time of my volunteer status with the S.C. Guardian ad Litem Program, my signature acknowledges that I have read and understood the foregoing, that my certification is true and correct to the best of my knowledge and belief and hereby authorize First Advantage. (Formerly LexisNexis), on behalf of The S.C. Guardian ad Litem Program' to procure a criminal history background check.

By signing this form, I acknowledge that I have been provided with a copy of this volunteer form.

PRINT NAME (First, Middle & Last)

SIGNATURE

DATE