

Please check any category which you have training or experience in:				
<input type="checkbox"/> Medicine	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Advertising	<input type="checkbox"/> News Media	<input type="checkbox"/> Education
<input type="checkbox"/> Criminology	<input type="checkbox"/> Writing	<input type="checkbox"/> Arts or graphics	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Social Work
<input type="checkbox"/> Child Development	<input type="checkbox"/> Public Relations/ Advertising	<input type="checkbox"/> Drug/Alcohol Programs	<input type="checkbox"/> Counseling	<input type="checkbox"/> Mental Health
List current community activities and membership in clubs, churches, and/or other organizations:				

How did you hear about the Guardian ad Litem Program?

- | | |
|---|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Brochure, flyer, mailing |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> GAL website/internet | <input type="checkbox"/> Magazine or newspaper |
| <input type="checkbox"/> Volunteer fair | <input type="checkbox"/> Transfer from another GAL Program |
| <input type="checkbox"/> Family/friend | <input type="checkbox"/> Church |
| <input type="checkbox"/> GAL staff or volunteer | <input type="checkbox"/> Volunteer referral agency |
| <input type="checkbox"/> College or school | <input type="checkbox"/> Employer _____ |
| <input type="checkbox"/> State agency referral | (Please specify) |
| <input type="checkbox"/> Television | <input type="checkbox"/> Civic organization _____ |
| <input type="checkbox"/> Other _____ | (Please specify) |

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.		
Have you ever had a finding of abuse, neglect, or abandonment of a child or adult entered against you or a family member or are you currently involved in a dependency case? Yes ___ No ___ If yes, please explain.		

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:			

SECURITY BACKGROUND/CRIMINAL RECORDS CHECK

It is necessary for the Program to collect your social security number to conduct a security background check. The Program will collect and utilize your social security number for this purpose only. Social security numbers contained in public records are protected from disclosure in section 119.071, Florida Statutes.

Full name:		Maiden name:	
Address:		Previous state of residence:	
Driver's License number:		Place of birth:	
SS#:	Date of Birth:	Ethnicity:	Gender:

I hereby authorize a criminal records check, for the purpose of providing my background information to the Guardian ad Litem Program. I hereby authorize release of this information to a representative of the State of Florida Guardian ad Litem Program.

SIGNATURE: _____

BACKGROUND INFORMATION

Please list your volunteer experience:

Organization: _____
Contact Information: _____
Role/duties: _____

Dates of service: _____

Organization: _____
Contact Information: _____
Role/duties: _____

Dates of service: _____

Organization: _____
Contact Information: _____
Role/duties: _____

Dates of service: _____

Please provide information regarding activities involving children:

Organization: _____
Contact Information: _____
Role/duties: _____

Dates of service: _____

Organization: _____
Contact Information: _____
Role/duties: _____

Dates of service: _____

Organization: _____
Contact Information: _____
Role/duties: _____

Dates of service: _____

REFERENCES

List two (2) references who know you well and could evaluate your qualifications and ability to be a guardian ad litem. Please DO NOT list mere acquaintances or relatives. One of the references should have known you for at least five years, and the other one for at least two years. You may use the last two pages for distribution; to be completed by your references, and returned with your application.

1. Name:	Mailing Address:	
Telephone:	Length of time known:	In what capacity:
2. Name:	Mailing Address:	
Telephone:	Length of time known:	In what capacity:

AFFIRMATION AND RELEASE

PLEASE INITIAL:

_____ I understand the Guardian ad Litem Program will investigate my background, character references, and that as a part of the screening process, a law enforcement records check will be conducted. I have read the above, understand its contents, and give my consent for the Guardian ad Litem Program to investigate my background and authorize release of information which might have bearing on my ability to serve as a Guardian ad Litem volunteer.

_____ 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 section 775.082 or section 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 circuit director has the sole discretion to accept or reject any application.

_____ I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the Guardian ad Litem Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the circuit director with as much advance notice as possible.

Signature of Applicant: _____	Date: _____
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STATE OF FLORIDA
GUARDIAN AD LITEM PROGRAM

PERSONAL REFERENCE CHECK

_____ has applied to be a Guardian ad Litem volunteer. The Guardian ad Litem Program trains volunteers in the community to provide independent representation of the best interests of children in court proceedings. Your name was given as a personal reference and your input is being solicited as part of the Program's background check. Please fill out this form and return it. If you need more space to answer a question, you may write on the back of this sheet or use a separate sheet of paper. Thank you for your prompt assistance.

NAME OF PERSON
GIVING PERSONAL REFERENCE:

(Please print or type name)

How long have you known this person? _____ Professionally or personally?

Have you ever observed this person with children? Y/N If yes, what are your impressions of the interaction?

Would you recommend this person to work in a volunteer capacity with children alleged to be victims of abuse or neglect? Explain.

How do you describe this person's ability to work effectively with others?

SIGNATURE DATE

Phone Number



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Would you recommend this person to work in a volunteer capacity with children alleged to be victims of abuse or neglect? Explain.

How do you describe this person's ability to work effectively with others?

SIGNATURE DATE

Phone Number

NOTICE REGARDING PUBLIC NOTICE

Because the Guardian ad Litem Program is a state entity, many records maintained by the Program are public records and therefore open to inspection by citizens requesting to review them. This includes certain information collected by the Program about its volunteers and staff, but not case-specific information about the children and families the Program represents. The Program wants to ensure staff and volunteers understand what information is accessible, what is protected, and the steps necessary to protect personal identifying information.

Under section 39.821, Florida Statutes, information gathered pursuant to background security checks on guardians ad litem is confidential and exempt from public disclosure. This includes:

- Employment history checks
- Checks of references
- Local criminal records checks
- Statewide criminal records checks
- Personnel records furnished by former employers
- Information regarding past activities involving children

The Guardian ad Litem Program collects social security numbers for the purpose of completing the security background investigation. The Program will not use your social security number for any other purpose.

Social security numbers in the possession of the Program are exempted from public disclosure under section 119.071(5), Florida Statutes. Additionally, section 119.071(4), Florida Statutes, provides for protection of personal identifying information such as:

- The home address, telephone numbers, places of employment, photographs of current and former guardians ad litem, as defined in section 39.820 Florida Statutes; and
- The names, home addresses, telephone numbers, and places of employment of the spouses and children of such persons.

In order to protect this information and keep it exempt from public disclosure a volunteer guardian ad litem or GAL staff member must make reasonable efforts to protect personal identifying information from being accessible through other means available to the public. Put another way, if you want the state to maintain your personal identifying information as confidential, you must take similar steps in your personal life to protect the information so it is not easily accessible by the public. Some examples for protecting your personal information include:

- Keeping an unlisted telephone number and address
- Removing your name from internet search engines
- Filing a Request for Exemption with your local clerk of court's office
- Filing a Request for Protected Address with your local Voter Registration Office
- Using a business address when registering/joining professional organizations (such as The Florida Bar)
- Limiting the amount personal information available on the internet (for example on websites such as MySpace and Facebook, make your profile private)
- Filing a Request to Withhold Personal Information with the Dept. of Highway Safety and Motor Vehicles
- Removing extraneous information such as middle name, phone number, social security number or driver's license number from checks
- Sending "opt out" letters to businesses you have a relationship with restricting them from selling, distributing or exchanging your personal information

The preceding list merely gives suggestions - it is not a list of requirements nor is it an exhaustive list of all the ways to protect identifying information. If you have taken steps to protect your personal information and would like the GAL Program to also maintain this information as confidential, please complete the certification attached. This document will be kept in your file and, should a public records request be made, all appropriate information will be redacted or otherwise protected.

Guardian ad Litem Public Records
Exemption Statement

I, _____, volunteer guardian ad litem/guardian ad litem staff member have made reasonable efforts to protect my personal identifying information from being accessible through other means available to the public.

Executed on _____ (date).