

Barron County Volunteer Guardian Application

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Birth Date: _____

Employment History:

Employer:	Position:	From/To (dates):

Volunteer Positions:

Organization:	Position:	From/To (dates):	Contact:

Education/Training: _____

References: Please list three non-family member references that we can contact.

Name:	Address:	Phone:	Known How Long?	Relationship:

Please describe why you want to be a Volunteer Guardian: _____

Please describe any personal or professional experience you have working with mentally impaired adults or agencies serving them:

I hereby authorize the release of any information concerning references and volunteer contacts for the Volunteer Guardianship Program.

I understand that, if I am accepted as a volunteer guardian that the assignment is strictly voluntary and I will not receive any compensation for carrying out the duties of my assignment.

Signature

Date