



Personal Guardianship Services

# PERSONAL GUARDIANSHIP SERVICES

Main Office: 4100 Executive Park Drive #114, Cincinnati, OH 45241

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Personal Guardianship Services

## VOLUNTEER INFORMATION FORM

*While this application may seem extensive, guardianship or conservatorship is a serious responsibility. Information herein is kept confidential.*

*Fax Completed form to 513.821.5509 or email to info@pgsohio.org*

### I. PERSONAL INFORMATION

LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

County of Residence \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

May you be contacted at work?  Yes  No

**Education and Training:** Denote highest completed level.

High School \_\_\_\_\_ College \_\_\_\_\_ Graduate \_\_\_\_\_

Are you presently enrolled in school?  Yes  No If yes answer below:

School \_\_\_\_\_ Course of Study \_\_\_\_\_

**Other educational or training programs completed:**

### Optional Information:

Spouse Name \_\_\_\_\_ Employment/Occupation \_\_\_\_\_

Children \_\_\_\_\_

### II. WORK HISTORY

List your last three employers

**Present Employer** \_\_\_\_\_ Position \_\_\_\_\_

City/State \_\_\_\_\_

Start Date of Employment \_\_\_\_\_ End Date of Employment \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Position \_\_\_\_\_

City/State \_\_\_\_\_

Start Date of Employment \_\_\_\_\_ End Date of Employment \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Position \_\_\_\_\_

City/State \_\_\_\_\_

Start Date of Employment \_\_\_\_\_ End Date of Employment \_\_\_\_\_

**III. INFORMATION, HISTORY AND PREFERENCES**

**1. Do you have work experience and/or training in any of the following areas?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Social Work            | <input type="checkbox"/> Services/Supports for Adults   | <input type="checkbox"/> Church Work        |
| <input type="checkbox"/> Psychology/Counseling  | <input type="checkbox"/> Services/Supports for Children | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Medical/Health Care    | <input type="checkbox"/> Law Enforcement/Criminology    | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Mental/Behavior Health | <input type="checkbox"/> Education/Teaching             | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Substance Abuse        | <input type="checkbox"/> News/Media/Public Speaking     | <input type="checkbox"/> Other _____        |

If yes to any of the above, please describe:

**2. Community Activities and Memberships**

Organization \_\_\_\_\_ Position Held \_\_\_\_\_ City/State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Organization \_\_\_\_\_ Position Held \_\_\_\_\_ City/State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Organization \_\_\_\_\_ Position Held \_\_\_\_\_ City/State \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**3. How did you learn of the Personal Guardianship Services?**

**4. Discuss why you are willing to serve as a court appointed guardian or conservator.**

**5. Are you currently (or have you ever) served as a guardian, conservator, representative payee, power of attorney or durable power of attorney for health care decisions?  Yes  No Number Served \_\_\_\_\_**  
If yes, please explain.

**6. Describe skills and experiences which may be relevant to serving as a guardian or conservator.**

**7. Please describe your philosophy and beliefs on being an advocate.**

**8. Preferences and interests related to serve as a guardian or conservator. Check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Name of Specific Person _____                          | <input type="checkbox"/> Female         |
| <input type="checkbox"/> Persons with Intellectual/Developmental Disability     | <input type="checkbox"/> Male           |
| <input type="checkbox"/> Persons with Mental/Behavioral Health                  | <input type="checkbox"/> No Preferences |
| <input type="checkbox"/> Persons with Illness Related to Aging                  |   |
| <input type="checkbox"/> Persons with Other Intellectually Disabling Conditions |   |

**9. In what geographical area are you willing to serve? List by community or county name.**

10. Do you have access to reliable transportation?  Yes  No If no, please explain.

#### IV. CONFLICT OF INTEREST

*The role of a guardian or conservator is to advocate for and protect the rights of the person receiving guardianship or conservatorship services. The advocate must be free of any appearance of personal or employer conflict of interest, self-serving gain, compromising influences and loyalties. For this reason the PGS requests information on family members who may be employed by or providing services and supports in order to avoid any potential for conflict of interest when nominating a volunteer to serve as guardian or conservator.*

Identify immediate family member(s) employed by a company or organization which provides individuals with services and supports (for example, nursing home, community mental health center, community developmental disability organization, community service provider, home health, etc.).

<u>Name of Family Member</u>	<u>Relationship</u>	<u>Company/Organization Where Employed</u>
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#### V. SELF ASSESSMENT

In each category listed below, rate your abilities. High = 5 Low = 1

**PGS seeks volunteers who are compassionate, caring and able to serve as personal advocates.** \_\_\_\_

- \_\_\_\_ Act responsibly and appropriately to the needs of others.
- \_\_\_\_ Interact with people of differing background and opinion
- \_\_\_\_ Interact with persons with intellectual and behavioral health conditions

\*Please comment on your ratings.

**PGS seeks volunteers who are dependable and keep commitments.**

- |  |                                    |
|--|------------------------------------|
| ____ Personal integrity and honesty                | ____ Independent and assertive     |
| ____ Fulfill commitments in a timely manner        | ____ Self-initiative               |
| ____ Complete reports/paperwork in a timely manner | ____ Work with limited supervision |

\*Please comment on your ratings.

**PGS seeks volunteers able to make wise and appropriate decisions regarding another person.**

- |                                       |  |
|---------------------------------------|--|
| ____ Willing to learn new information | ____ Make well-reasoned decisions            |
| ____ Follow guidelines and procedures | ____ Maintain accurate records/documentation |

\*Please comment on your ratings.

**PGS seeks volunteers able to make wise and appropriate decisions regarding another person's financial affairs.**

- |                                   |  |
|-----------------------------------|--|
| ____ Manage finances              | ____ Maintain accurate financial records |
| ____ Pay bills in a timely manner | ____ Balance a checkbook/bank statements |

\*Please comment on your ratings.

## **VI. PERSONAL AND FINANCIAL BACKGROUND INFORMATION**

1. Have you ever been charged and/or convicted of a crime other than a minor traffic offense? If yes, provide dates and specific information.
2. Have you ever been involved with, charged and/or substantiated in a Department for Children and Families (DCF) investigation of abuse, neglect, or exploitation of a child or an adult? If yes, provide dates and specific information.
3. Have you ever for filed bankruptcy? If yes, provide specific information including the type of bankruptcy, initial and/or discharge date, etc.
4. Have you ever been subject to foreclosure, garnishments, debt collections or other judgments? If yes, provide dates and specific information.

## **VII. BACKGROUND CHECKS**

The PGS conducts criminal history and other background record checks to determine the appropriateness of a potential volunteer nominee to serve as a court appointed guardian or conservator.

1. The PGS requires a signed Release of Information (ROI) to access the Department for Children and Families Adult (DCF) Abuse Central (ANE) Registry and the DCF Child Abuse Registry. Please sign the attached ROIs and return with this Volunteer Information Form.
2. A potential volunteer will receive (via US Post) a ROI to sign and return to KGP. This allows PGS to conduct the criminal background check.

## **VIII. AFFIRMATION**

\_\_\_\_\_ I hereby affirm that all the answers provided on my Volunteer Information Form are true.

\_\_\_\_\_ I understand the information obtained through references and background checks will be confidential and for the exclusive use of the Personal Guardianship Services.

\_\_\_\_\_ I acknowledge PGS will provide certain personal information to DCF, Department for Aging and Disabilities (DADS) and the Court necessary to fulfill the statutory requirements for nomination of guardian or conservator.

\_\_\_\_\_ I understand if the criminal history and other background record checks reveal information different than my prior statements, it may affect my becoming a PGS volunteer.

In signing below, I verify the information provided herein to be true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IX. REFERENCES**

Your Name \_\_\_\_\_

Provide information for **SIX** people you have known for at least one year. **DO NOT USE RELATIVES.**  
 References should be employers, professional contacts or friends. Please notify the listed references to expect contact from the Personal Guardianship Services. **Please print clearly and provide all information requested.**

REFERENCE INFORMATION		PGS Office Use Only
Name: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____	Relationship: _____ (Friend, co-worker, etc.)  Length of Time Known: _____	Reference Sent: _____ _____ Reference Received: _____
Name: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____	Relationship: _____ (Friend, co-worker, etc.)  Length of Time Known: _____	References Sent: _____ _____ Ref Received: _____
Name: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____	Relationship: _____ (Friend, co-worker, etc.)  Length of Time Known: _____	References Sent: _____ _____ Ref Received: _____
Name: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____	Relationship: _____ (Friend, co-worker, etc.)  Length of Time Known: _____	References Sent: _____ _____ Ref Received: _____
Name: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____	Relationship: _____ (Friend, co-worker, etc.)  Length of Time Known: _____	References Sent: _____ _____ Ref Received: _____