

VOLUNTEER GUARDIAN AD LITEM APPLICATION

GAL Program Screening Policies. Applicants to the GAL Program must:

1. File Application Form available from the GAL Program, Office of the Court Administrator, 109 State Street, Montpelier, VT 05609-0701, and www.vermontjudiciary.org/GAL, or can be obtained at your local Family Court.
2. Consent to Background Check

The Vermont GAL Program is required to run a background check on all applicants. To be considered for acceptance to the GAL Program, you must sign a release which permits the GAL Program to secure records checks concerning your background, including criminal records, as authorized by law.

The GAL Program has the right to reject any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA/GAL program's credibility.

3. Interview

All applicants will be interviewed by GAL Program or local county court staff and referred for initial pre-service training, if appropriate.

4. Complete Pre-Service Training

All applicants must have 32 hours of approved pre-service training at no cost to the applicant. Training schedules and locations will be determined by the GAL Program Office.

Applicants who complete training to the satisfaction of the GAL Program will be awarded a certificate of training completion and will be accepted to the GAL Program.



Member of
The National Court
Appointed Special
Advocate Association

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The Guardian ad Litem Program must carefully screen all applicants entrusted with determining the best interests of children involved in court proceedings. Please help us by providing complete and accurate information for all questions.

Name: _____

Address: _____

City/State/Zip: _____

Phone: (Day) _____ (Evening): _____ (Cell): _____

Email address: _____

County in which you wish to be a GAL: _____

How long have you been a resident of Vermont? _____ How long at your current address? _____

Please list any other cities and states of residence within the past five years:

If you are or have been known by other name(s), please list: _____

Do you have children? Yes No

In case of emergency, please contact (name & phone): _____

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

Vermont Driver's License number: _____

Education: Please circle highest grade completed, or please attach your resume.

High School: 8 9 10 11 12 High School: (Name & City/State): _____

Major: _____ Degree or GED: Yes No

College: 1 2 3 4 5 College last attended: (Name & City/State): _____

Major(s): _____ Degree(s): _____

Graduate: 1 2 3 4 Graduate School: (Name & City/State): _____

Major(s): _____ Degree(s): _____

Please list any languages you speak other than English (including American Sign Language): _____

Other Training: _____

Employment History: Please complete the employment history section or attach your resume.

Are you employed? Yes (Full-time Part-time Self-employed) No Retired

Current Employer: _____

Current Employer Address: _____

Your role or position: _____ Your supervisor's name: _____

Phone: _____ May we contact you at work? Yes No

VOLUNTEER GUARDIAN AD LITEM APPLICATION

Please list any other employers in the past ten years, include the company name, city/state in which the company resides, your position, your supervisor's name (use additional sheet(s) if necessary):

Please list any experience working with children:

Please list ALL current and previous volunteer work (include name of agency/program and contact person):

Are you willing to commit to at least to two years of service as a Guardian ad Litem? Yes No

Are you willing to volunteer your services for activities other than direct child advocacy? Yes No

If yes, please check what type(s):

Administrative Recruitment Training Other: _____

How did you hear about the Guardian ad Litem Program? (Check all that apply)

VPR Other Radio Station: _____ Newspaper: _____ Friend

GAL Court Staff Other: _____

Do you have ANY personal experience involving the following services or agencies? (Check all that apply)

Department for Children & Families (DCF) Vermont Court System Foster Care

Please list three people who will provide a knowledgeable reference for your potential work as a Guardian ad Litem and include at Least one person who knows you in a work or professional capacity. Do NOT list relatives.

Name	Type of Reference	Phone Number	Complete Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please write a brief statement about why you have chosen to volunteer for the Guardian ad Litem Program at this particular time in your life. Use additional sheet(s), if necessary.

VOLUNTEER GUARDIAN AD LITEM APPLICATION

Have you been charged with or convicted of any crime? Yes No

If yes, please explain:

I hereby agree to do the following:

- 1) Apprise the Guardian ad Litem Program (if accepted to the Guardian ad Litem Program) if I am arrested, charged with, or convicted of any crime while my application is pending or during the tenure of my service in the Guardian ad Litem Program.
- 2) Abide by all Judiciary and Guardian ad Litem Program Policies and Procedures.
- 3) Affirm the information provided in this application is accurate and true. I understand any misrepresentation is grounds for dismissal from the Vermont Guardian ad Litem Program.
- 4) Authorize the Office of the Court Clerk and/or the Coordinator of the Vermont Guardian ad Litem Program to investigate my background and check my character references. I willingly consent to this release of information as part of my application to become a Guardian ad Litem, and authorize all relevant agencies and individuals to release any information requested by the Office of the Court Clerk or Guardian ad Litem Program. I understand that requests for information may be submitted to past and present employers, law enforcement agencies, criminal and civil courts, social service agencies, and any other individuals or organizations with which I have had contact in the past. I understand that this information will not be disclosed to any third party, and will remain confidential. I understand a photocopy of this release shall be deemed the same as the original.

Date of birth: _____

Social Security Number: _____ - _____ - _____

Signed: _____

Date: _____

Print Name: _____

Thank you for your application.

Please send to:

Vermont Guardian ad Litem Program
Office of the Court Administrator
109 State Street
Montpelier, VT 05609-0701
Phone: 802-828-6551
Email: jud-vermontgal@state.vt.us
website: www.vermontjudiciary.org/GAL