

VOLUNTEER GUARDIAN AD LITEM APPLICATION



GAL Program Screening Policies

Although COVID-19 has greatly affected the way a GAL interacts with the families that they serve, the Vermont GAL Program welcomes new applications. While it may look different, the role of a GAL is still a very integral part in family cases throughout the state. Virtual training to become a GAL is available and on-going during the pandemic and the need for GALs is great. Courtroom participation and visitation is almost exclusively virtual to minimize risk to staff, case parties and volunteers.

Applicants to the GAL Program must:

1. FILE AN APPLICATION FORM available from:

- a. GAL Program, Office of the Court Administrator
109 State Street, Montpelier, VT 05609-0701
- b. www.vermontjudiciary.org - Favorites/Court Programs/GAL
- c. or Your local Family Court

2. CONSENT TO A 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. 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.

VOLUNTEER GUARDIAN AD LITEM APPLICATION

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(ies) in which you wish to be a GAL: _____ Date of Birth: _____

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

Please list any other states of residence within the past ten years: _____

We are collecting this data for a diversity project. If appropriate, you may check more than one box.

Gender <input type="checkbox"/> Male	Latino/Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Race: <input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American
Identity: <input type="checkbox"/> Female		<input type="checkbox"/> Not Known	<input type="checkbox"/> Other _____		

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

Relationship: _____ Email: _____

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

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

High School: 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 currently 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

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): _____

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

How did you hear about the Guardian ad Litem Program? (You may check more than one)

☐ Newspaper: _____ ☐ Radio ☐ T.V. ☐ Friend ☐ GAL ☐ Court Staff

☐ Did you hear the VPR ad? ☐ Other: _____ ☐ Front Porch forum ☐ Informational/Live Event

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

☐ Department for Children & Families (DCF) ☐ Vermont Court System ☐ Foster Care ☐ GAL/CASA

References: 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 (Personal/Professional)	Phone Number	Email 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.

If yes, please explain: Use additional sheet(s), if necessary.

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.

Signed: _____ Date: _____

Print Name: _____

Please sign and mail to:

Vermont Guardian ad Litem Program
Office of the Court Administrator
109 State Street
Montpelier, VT 05609-0701

Phone: 800-622-6359
Email: jud-vermontgal@vermont.gov
website: www.vermontjudiciary.org

Thank you for your application.

Date _____