

# VOLUNTEER GUARDIAN AD LITEM APPLICATION

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## GAL Program Screening Policies

**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](http://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): \_\_\_\_\_

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):

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**Please list any experience working with children:** \_\_\_\_\_

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**Please list all current and previous volunteer work** (include name of agency/program): \_\_\_\_\_

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Are you willing to commit to at least to 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.

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

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**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](mailto:jud-vermontgal@vermont.gov)  
website: [www.vermontjudiciary.org](http://www.vermontjudiciary.org)

*Thank you for your application.*

*February 2018*

