

STATE OF SOUTH CAROLINA
OFFICE OF THE GOVERNOR
GUARDIAN AD LITEM PROGRAM APPLICATION
(Please Print Clearly)

Name _____
Last First Maiden/Middle Preferred Name

Social Security # _____ Date of Birth _____

Home Phone _____ Cell Phone/Pager _____

Home Address _____
Street/Mailing Address City/State/Zip County

Email: _____

Employed By: (If not employed, list last employer) _____

Address _____ Work Phone _____

Job Title _____ May you be called at work? Yes No

Supervisor's Name _____

Emergency Contact Person _____ Phone (W) _____

Phone (H) _____

Education: (Highest year of school completed)

- | | | |
|--|---|---|
| <input type="checkbox"/> Less Than High School | <input type="checkbox"/> College Not Graduate | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Tech/Voc/Assoc. Degree | <input type="checkbox"/> Post Graduate Degree |

Degree Received: _____ Major/Minor Course Work _____

Optional: In order to determine if our volunteer pool reflects the diversity of the community, please indicate your ethnic group(s):

Although no special experience is required, do you have training, knowledge, or skills in any of the following areas?

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Criminology or Law Enforcement | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Drug or Alcohol Abuse Counseling | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Child Welfare Social Work | <input type="checkbox"/> Management | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Clerical/Computer | <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical | <input type="checkbox"/> Training/Instructing |
| | <input type="checkbox"/> Other | |

Are you willing to volunteer in other areas of our program? _____ If so, what areas?

Do you speak a foreign language? Yes No If yes, which language _____

How did you learn of our program? _____

List current and previous volunteer work, including name of organization and supervisor.

What are your reasons for wanting to participate in the Guardian ad Litem Program? _____

Have you or your immediate family ever been involved in Family Court Proceedings? Yes No

If yes, please describe and include dates. _____

Have you ever been employed with DSS? Yes No If yes, list when and what type employment.

Have you ever been a foster parent? Yes No If yes, with whom. _____

Have you ever been on Foster Care Review Board? Yes No

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

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please describe (including charge, disposition of charges, and date of conviction, county, state) on a separate page.

Can you think of any reason why a judge might be reluctant for you to serve as a volunteer Guardian ad Litem?

How long have you lived in this county/community? _____ If less than two years, please give previous address: _____



State of South Carolina

Office of the Governor

NIKKI R. HALEY
GOVERNOR

OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

Criminal Records Check

Applicant's Name: _____
Last first middle

Maiden or Birth Name: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: _____ Race: _____

Residence Address: _____
Street & No. City State Zip Code County

If you have lived outside the state of South Carolina in the past five years, please provide your complete address(es) _____

Please list the date, type and outcome of any criminal convictions: _____

I hereby authorize the Office of the Governor to conduct a search of all convictions or pending charges on me and to release the printed results of the inquiry to the Division of Guardian ad Litem. I understand that the information released may prove unfavorable to me, and I release all persons whomever and the Office of the Governor from any liability resulting from the release of this information.

Signature of Applicant

Date

Applicant has record of convictions or charges pending yes no

Released by: _____

Department of Public Safety
Bureau of Protective Services

Date: _____

Check Authorized by: _____
Human Resources Dir.

Date: _____

PROSPECTIVE VOLUNTEER AUTOBIOGRAPHY

Name: _____ **County:** _____ **Date:** _____

In the space provided or on a separate sheet of paper, please write a brief autobiography. We would like to know more about you before you begin the training. This summary will help us make your training and Guardian ad Litem experience as meaningful as possible. Please include your autobiography with your application and mail to the GAL office. Thank you.
