

**Third District Guardian ad Litem
Volunteer Application**

Date: _____

Name: _____

Street Address (Not PO Box):

Mailing Address (If Different):

Phone: (H): _____ (C): _____ (W): _____

eMail: _____

DOB: _____ Place of Birth: _____

Gender: _____ Language(s) Spoken: _____

Are you currently employed? _____ Retired? _____ Between Jobs? _____

Presently Enrolled in School? _____ Area of Interest? _____

Do you have a current Idaho Driver's Licence? _____ Current Insurance? _____

Hobbies/Special Interests?

List other current community activities and memberships in clubs, church, or other organizations:

Emergency Contact:
Name: _____
Relationship: _____
Phone: _____

1. Initial: _____ Date: _____

References

Please list three (3) references who know you well and would be in a position to evaluate our qualifications and ability to work with children, the Courts, and in the community. Please DO NOT list relatives. Please DO list people who have known you for a period of years. Please DO list your employer in place of one (1) of the references if you have been employed by them for over one (1) year.

1. Name:

Address:

Phone:

Lengths of time known: _____ In what capacity? _____

2. Name:

Address:

Phone:

Lengths of time known: _____ In what capacity? _____

3. Name:

Address:

Phone:

Lengths of time known: _____ In what capacity? _____

Thank you for your interest in becoming a Court Appointed Special Advocate/Guardian ad Litem with the 3rd District Guardian ad Litem Program. Once we have contacted your references, you have successfully passed our background checks, and successfully completed 30 hours of training you will be assigned your first case.

2. Initial: _____

Date: _____