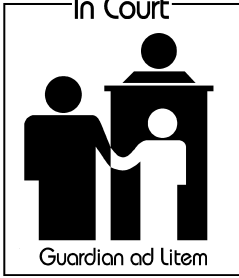


A Child's Advocate  
In Court



Administrative Office of the Courts  
North Carolina Guardian ad Litem Program

[www.ncgal.org](http://www.ncgal.org)

Volunteer Application

(Print Clearly)

For Office Use Only  
(Date Completed)

Interviewed \_\_\_\_\_

NC Criminal Record Check \_\_\_\_\_

National Criminal Record Check \_\_\_\_\_

Sex Offender Registry Check \_\_\_\_\_

Sworn In \_\_\_\_\_

Resigned \_\_\_\_\_

Male  Female

Name \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Social Security No. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ County Of Residence \_\_\_\_\_  
(last four digits)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

How may we contact you? Check all that apply.

Work email  Home email  Home phone  Work phone  Cell phone

Emergency Contact Person \_\_\_\_\_ Phone 1 \_\_\_\_\_

Education (highest year of school completed) \_\_\_\_\_ Phone 2 \_\_\_\_\_

Less Than High School  College Not Graduate  College Graduate  Juris Doctorate

High School Graduate  Tech/Voc/Assoc. Degree  Post Graduate Degree

Highest 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):

African American  Caucasian/White  Native American  Other \_\_\_\_\_

Asian/Pacific Islander  Latino/Hispanic  Multi-Racial  Not reported

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

Computer Skills  Public Speaking  Other \_\_\_\_\_

Foreign Language Proficiency (list)  Training \_\_\_\_\_

List the organizations for which you have volunteered:

How did you learn of our program? \_\_\_\_\_

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

Do you drive and/or have regular access to transportation to fulfill your role as a Guardian ad Litem?  Yes  No

Have you ever been arrested, charged or convicted of a misdemeanor or felony other than a minor traffic violation?  Yes  No

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

Have you ever been involved in any civil court proceeding?  Yes  No

If yes, please describe on a separate page.

Have you or any family member ever had any involvement with Department of Social Services? (i.e., employed by, reported for abuse/neglect, served as foster parent, been a foster child?)  Yes  No

If yes, please describe 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?  Yes  No

If yes, please describe on a separate page.

Have you lived in North Carolina for the past five years? \_\_\_\_\_ How long have you lived in this county/community? \_\_\_\_\_

Please list as references three people who know you well, at least one for whom you have worked in either a paid or unpaid capacity. Please do not list relatives. Please make an X over the appropriate title. If completing electronically place the cursor over the appropriate title and click.

(Mr. / Mrs. / Ms.) \_\_\_\_\_  
(Name) (Phone) (Relationship)  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code)  
\_\_\_\_\_  
(Email Address) Prefer contact by email?  Yes  No

(Mr. / Mrs. / Ms.) \_\_\_\_\_  
(Name) (Phone) (Relationship)  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code)  
\_\_\_\_\_  
(Email Address) Prefer contact by email?  Yes  No

(Mr. / Mrs. / Ms.) \_\_\_\_\_  
(Name) (Phone) (Relationship)  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code)  
\_\_\_\_\_  
(Email Address) Prefer contact by email?  Yes  No

As a Guardian ad Litem you will need to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings?  Yes  No

What times would you be available to serve as a Guardian ad Litem? \_\_\_\_\_

Would you be willing to advocate for a child who does not reside in the county where you live?  Yes  No

Are you willing to represent a child for the duration of his/her case?  Yes  No

**Acknowledgment and Permission to Conduct Record Check**

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration, or will result in dismissal from the program. I hereby give permission for the Guardian ad Litem Program to conduct routine checks of my criminal records and any other checks deemed appropriate to determine my suitability for this confidential work. Any volunteer accepted into the program has an on-going duty to report to the supervisor of any future criminal charges after being accepted into the program.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**Please mail or deliver this application to:**

**If you are completing this form online please proof carefully and print additional copies before closing the form. Data entered using Adobe Reader cannot be saved electronically. There are third-party software PDF options available that allow saving/editing such as CutePDF FormFiller, PDF-Xchange, PDFill Editor 8.0 that you may wish to investigate.**