

KANSAS GUARDIANSHIP PROGRAM

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Wichita Office: 505 S. Broadway, Suite 207, Wichita KS 67202 (316) 269-2525

VOLUNTEER INFORMATION FORM

*While this application may seem extensive, guardianship or conservatorship is a serious responsibility.
Information herein is kept confidential.*

I. PERSONAL INFORMATION

LEGAL NAME _____
ADDRESS _____ County of Residence _____
City _____ ST _____ Zip Code _____
Phone: Home _____ Work _____ Cell _____
Email _____ May you be contacted at work? Yes No

Education and Training: Denote highest completed level.

High School _____ College _____ Graduate _____
Are you presently enrolled in school? Yes No If yes answer below:
School _____ Course of Study _____

Other educational or training programs completed:

Optional Information:

Spouse Name _____ Employment/Occupation _____
Children _____

II. WORK HISTORY

List your last three employers

Present Employer _____ Position _____
City/State _____

Start Date of Employment _____ End Date of Employment _____

Previous Employer _____ Position _____
City/State _____

Start Date of Employment _____ End Date of Employment _____

Previous Employer _____ Position _____
City/State _____

Start Date of Employment _____ End Date of Employment _____

III. INFORMATION, HISTORY AND PREFERENCES

1. Do you have work experience and/or training in any of the following areas?

- | | | |
|---|---|---|
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Services/Supports for Adults | <input type="checkbox"/> Church Work |
| <input type="checkbox"/> Psychology/Counseling | <input type="checkbox"/> Services/Supports for Children | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Medical/Health Care | <input type="checkbox"/> Law Enforcement/Criminology | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental/Behavior Health | <input type="checkbox"/> Education/Teaching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> News/Media/Public Speaking | <input type="checkbox"/> Other _____ |

If yes to any of the above, please describe:

2. Community Activities and Memberships

Organization _____ Position Held _____ City/State _____

Start Date _____ End Date _____

Organization _____ Position Held _____ City/State _____

Start Date _____ End Date _____

Organization _____ Position Held _____ City/State _____

Start Date _____ End Date _____

3. How did you learn of the Kansas Guardianship Program?

4. Discuss why you are willing to serve as a court appointed guardian or conservator.

5. Are you currently (or have you ever) served as a guardian, conservator, representative payee, power of attorney or durable power of attorney for health care decisions? Yes No Number Served _____
If yes, please explain.

6. Describe skills and experiences which may be relevant to serving as a guardian or conservator.

7. Please describe your philosophy and beliefs on being an advocate.

8. Preferences and interests related to serve as a guardian or conservator. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Name of Specific Person _____ | <input type="checkbox"/> Female |
| <input type="checkbox"/> Persons with Intellectual/Developmental Disability | <input type="checkbox"/> Male |
| <input type="checkbox"/> Persons with Mental/Behavioral Health | <input type="checkbox"/> No Preferences |
| <input type="checkbox"/> Persons with Illness Related to Aging | |
| <input type="checkbox"/> Persons with Other Intellectually Disabling Conditions | |

9. In what geographical area are you willing to serve? List by community or county name.

10. Do you have access to reliable transportation? Yes No If no, please explain.

IV. CONFLICT OF INTEREST

The role of a guardian or conservator is to advocate for and protect the rights of the person receiving guardianship or conservatorship services. The advocate must be free of any appearance of personal or employer conflict of interest, self-serving gain, compromising influences and loyalties. For this reason the KGP requests information on family members who may be employed by or providing services and supports in order to avoid any potential for conflict of interest when nominating a volunteer to serve as guardian or conservator.

Identify immediate family member(s) employed by a company or organization which provides individuals with services and supports (for example, nursing home, community mental health center, community developmental disability organization, community service provider, home health, etc.).

| <u>Name of Family Member</u> | <u>Relationship</u> | <u>Company/Organization Where Employed</u> |
|------------------------------|---------------------|--|
|------------------------------|---------------------|--|

V. SELF ASSESSMENT

In each category listed below, rate your abilities. High = 5 Low = 1

KGP seeks volunteers who are compassionate, caring and able to serve as personal advocates.

- Act responsibly and appropriately to the needs of others.
- Interact with people of differing background and opinion
- Interact with persons with intellectual and behavioral health conditions

Please comment on your ratings.

KGP seeks volunteers who are dependable and keep commitments.

- | | |
|--|--|
| <input type="checkbox"/> Personal integrity and honesty | <input type="checkbox"/> Independent and assertive |
| <input type="checkbox"/> Fulfill commitments in a timely manner | <input type="checkbox"/> Self-initiative |
| <input type="checkbox"/> Complete reports/paperwork in a timely manner | <input type="checkbox"/> Work with limited supervision |

Please comment on your ratings.

KGP seeks volunteers able to make wise and appropriate decisions regarding another person.

- | | |
|---|--|
| <input type="checkbox"/> Willing to learn new information | <input type="checkbox"/> Make well reasoned decisions |
| <input type="checkbox"/> Follow guidelines and procedures | <input type="checkbox"/> Maintain accurate records/documentation |

Please comment on your ratings.

KGP seeks volunteers able to make wise and appropriate decisions regarding another person's financial affairs.

- | | |
|---|--|
| <input type="checkbox"/> Manage finances | <input type="checkbox"/> Maintain accurate financial records |
| <input type="checkbox"/> Pay bills in a timely manner | <input type="checkbox"/> Balance a checkbook/bank statements |

Please comment on your ratings.

VI. PERSONAL AND FINANCIAL BACKGROUND INFORMATION

1. Have you ever been convicted of a crime other than a minor traffic offense? If yes, provide dates and specific information.
2. Have you ever been involved with, charged and/or substantiated in a Department for Children and Families (DCF) investigation of abuse, neglect, or exploitation of a child or an adult? If yes, provide dates and specific information.
3. Have you ever for filed bankruptcy? If yes, provide specific information including the type of bankruptcy, initial and/or discharge date, etc.
4. Have you ever been subject to foreclosure, garnishments, debt collections or other judgments? If yes, provide dates and specific information.

VII. BACKGROUND CHECKS

The KGP conducts criminal history and other background record checks to determine the appropriateness of a potential volunteer nominee to serve as a court appointed guardian or conservator.

1. The KGP requires a signed Release of Information (ROI) to access the Department for Children and Families Adult (DCF) Abuse Central (ANE) Registry and the DCF Child Abuse Registry. Please sign the attached ROIs and return with this Volunteer Information Form.
2. A potential volunteer will receive (via US Post) a ROI to sign and return to KGP. This allows KGP to conduct the criminal background check.

VIII. AFFIRMATION

_____ I hereby affirm that all the answers provided on my Volunteer Information Form are true.

_____ I understand the information obtained through references and background checks will be confidential and for the exclusive use of the Kansas Guardianship Program.

_____ I acknowledge KGP will provide certain personal information to DCF, Kansas Department for Aging and Disabilities (KDADS) and the Court necessary to fulfill the statutory requirements for nomination of guardian or conservator.

_____ I understand if the criminal history and other background record checks reveal information different than my prior statements, it may affect my becoming a KGP volunteer.

In signing below, I verify the information provided herein to be true and accurate.

Signature _____ Date _____

IX. REFERENCES

Your Name: _____

Provide information for **SIX** people you have known for at least one year. **DO NOT USE RELATIVES.**
 References should be employers, professional contacts or friends. Please notify the listed references to expect contact from the Kansas Guardianship Program. **Please print clearly and provide all information requested.**

| REFERENCE INFORMATION | | KGP Office Use Only |
|--|---|---|
| Name: _____ E-Mail: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____ | Relationship: _____ (Friend, co-worker, etc.) Length of Time Known: _____ | Reference Sent: _____ _____ Reference Received: _____ |
| Name: _____ E-Mail: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____ | Relationship: _____ (Friend, co-worker, etc.) Length of Time Known: _____ | References Sent: _____ _____ Ref Received: _____ |
| Name: _____ E-Mail: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____ | Relationship: _____ (Friend, co-worker, etc.) Length of Time Known: _____ | References Sent: _____ _____ Ref Received: _____ |
| Name: _____ E-Mail: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____ | Relationship: _____ (Friend, co-worker, etc.) Length of Time Known: _____ | References Sent: _____ _____ Ref Received: _____ |
| Name: _____ E-Mail: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____ | Relationship: _____ (Friend, co-worker, etc.) Length of Time Known: _____ | References Sent: _____ _____ Ref Received: _____ |
| Name: _____ E-Mail: _____ Address: _____ City: _____ ST _____ Zip _____ Phone: _____ | Relationship: _____ (Friend, co-worker, etc.) Length of Time Known: _____ | References Sent: _____ _____ Ref Received: _____ |