



Volunteer Guardianship ONE ON ONE, INC.

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Advisor, Hunterdon Cty Surrogate

VOLUNTEER GUARDIAN APPLICATION

Date: _____

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Other languages spoken (if any): _____

Are you willing and able to commit to at least one year of service once assigned as someone's Guardian? _

Do you have a driver's license and access to a car? _____

How many miles are you willing to drive to see your assigned ward/protected person (minimally 1x/month)? _____

Are you interested in serving as a guardian for an older person (60+) with a cognitive impairment (for example, due to dementia or stroke)? _____

Are you interested in serving as a guardian for someone with a developmental, intellectual, or mental health disability who may be younger than age 60? _____

Background and Experience

Are you currently employed?_____What is your current or previous occupation/position? _____

Please describe your current and/or past volunteer activities. _____

What interests you about being a Volunteer Guardian? _____

What experiences or knowledge do you have that would be helpful in being a Volunteer Guardian?

Is there anything else you would like to share that is relative to serving as a Guardian for an incapacitated person?

References

Please list three people that you have known for at least two years and that are not related to you.

Name	Relationship	How long known?	Phone	Email

Please indicate how comfortable you think you would be with the following situations/circumstances that might be necessary as a Guardian.

1 = Very **Un**comfortable

4 = Very Comfortable

5= I don't know

	1	2	3	4	5
Visiting a nursing home or other housing facility					
Visiting someone's private home					
Researching and finding appropriate living arrangements					
Paying bills					
Applying for Medicaid or other public programs					
Selling property/belongings					
Talking with disgruntled or estranged family members					
Making medical decisions					
Making end of life decisions (i.e. level/type of intervention)					
Pre-planning post-death arrangements					
Making decisions that contradict what you would do for yourself or a family member					
Being a guardian to someone of a different race/ethnicity					
Being a guardian to someone with different religious views					
Being a guardian to someone who may be unfriendly/unkind towards you					
Documenting all guardian activities in e-guardianship regularly					
Attending ongoing training sessions; at least twice per year					

My signature below indicates that all the information I have provided within this application is true to the best of my knowledge.

Signature

Date

All volunteers are required to submit to several background checks. VG conducts a criminal background screening for felonies and misdemeanors at the county and state level, as well as a search of the national sex offender registry. When you are presented to the court as a potential guardian, an additional screening is conducted.

Please return completed application to info@volunteerguardianship.org