

**TWIN FALLS COUNTY
BOARD OF GUARDIANS
VOLUNTEER APPLICATION**

Please identify which Volunteer position you are applying for:

Board Member

Companion

Legal Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

E-mail Address: _____

Highest Level of Education: _____

Secondary Language or Communication Skills (braille, sign language etc.): _____

Work History: *Beginning with your current/most recent job, list your last three employers.*

Employer: _____ Position: _____

City/State: _____ from: _____ to: _____

Employer: _____ Position: _____

City/State: _____ from: _____ to: _____

Employer: _____ Position: _____

City/State: _____ from: _____ to: _____

Volunteer Information:

Please discuss why you are interested in becoming a volunteer for the Twin Falls County Board of Community Guardians: _____

Describe all volunteer and community activities you have participated in: _____

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Are you currently serving or have you ever served as a guardian, conservator, payee, power of attorney or durable power of attorney? If yes, please explain: _____

List any family member(s), their relationship to you, and department they work in, who are employed by Twin Falls County, District Court, or District Clerks Office: _____

List any family member(s), their relationship to you, and company name, who are employed by an agency that provides services/supports to individuals that may be incapacitated or vulnerable: (nursing home, guardianship services, home health, etc.) _____

Criminal History:

Have you ever been charged with or convicted of a crime, other than a minor traffic offense? If yes, provide details: _____

Have you ever been involved with, alleged or substantiated, in an investigation of abuse, neglect, or exploitation of a child or an adult? If yes, provide details: _____

Have you ever been reported to, received a sanction from, or investigated by a Licensing Board; Certification Board; Insurance Company; and/or Medicaid? If yes, please provide details: _____

Have you or your spouse every filed for Bankruptcy or had any action taken towards you for non-payment issues? If yes, please provide details: _____

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Self-Assessment

Give an example of an ethical dilemma you have faced and describe how you solved it:

Describe a situation in which you had to make a difficult decision and how you came to that decision:

Describe a situation in which you had to advocate for someone else and how you handled it:

Describe your skills and experiences that may be relevant to serving as a volunteer:

List any physical or mental issues that may interfere with your ability to perform the duties of a volunteer:

Volunteer Services I am able to provide:

- Local transportation
- Friendly visits
- Attending Board meetings
- Attending two trainings a year
- Availability during the day
- Availability during the evening
- Attending doctor visits
- Shopping with ward
- Recreation activities with ward
- Transport and accompany to church

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REFERENCES

Please list three (3) references and their contact information. (Must have Email/Address, phone # optional)

1. Name: _____ Email: _____
Address: _____ City/State: _____
Telephone number: _____

2. Name: _____ Email: _____
Address: _____ City/State: _____
Telephone number: _____

3. Name: _____ Email: _____
Address: _____ City/State: _____
Telephone number: _____

By signing below, I verify the information provided on this application to be true and accurate. I understand that all information provided in this application is exclusively for the use of determining my eligibility to be a Volunteer for the Twin Falls County Board of Community Guardians.

Signature _____ Date _____

Please return the application to:

Coordinator
Board of Community Guardians
630 Addison Ave West, Suite 1000
Twin Falls, ID 83301