

GUARDIAN PROGRAM APPLICATION



Empowering individuals with disabilities to live their fullest life. John 10:10

Date: _____

Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Address: _____ County: _____

Educational Background (Please include any licensures):

Do you prefer to work with a specific gender? Female Male No Preference

Are you currently a guardian? Yes No

If yes, please explain: _____

Current Employment/Occupation: _____

Please list your hobbies or interests: _____

Why do you want to become a guardian? _____

How many hours per month are you able to commit to this program? 5 10 10+

"My purpose is to give life in all its fullness" – John 10:10

The Full Life Center, Inc.

349 E. High Ave., New Philadelphia, Ohio 44663

Phone: (330) 343-0008 Fax: (330) 602-2822 Email: office@TheFullLifeCenter.org

www.thefulllifecenter.org

Please answer the following questions so that we may match you with an appropriate ward:

Please list your strengths: _____

Please list your weaknesses: _____

What type of guardian work would interest you most?

Long term Short term No Preference

Have you ever been charged or convicted of a crime involving theft, physical violence, sexual, alcohol, or substance abuse? Yes No If yes, please state the date and place of each charge or conviction.

Are you willing to be fingerprinted? Yes No

Date of most recent criminal background check: _____

Employer's name that would have this information: _____

I HEREBY GIVE SPECIFIC PERMISSION TO THE FULL LIFE CENTER, INC.'S VOLUNTEER GUARDIAN PROGRAM TO CHECK MY RECORDS WITH ANY APPROPRIATE LAW ENFORCEMENT AGENCY.

Signature of Applicant

Date

Thank you for completing this application and taking the next step to serve Tuscarawas County nursing home residents who are elderly or disabled and have no visiting family or friends.

The following section is for the use of the FLC Guardian Services Coordinator:

Date application received: _____

Date training session completed: _____

Date of first assignment: _____

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