

**Brown County Health & Human Services Department  
Guardian Application**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Currently employed:  Yes  No      If yes, where: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Length of employment with company: \_\_\_\_\_

Please list all states you have resided in since age 18: \_\_\_\_\_  
\_\_\_\_\_

Household Information:

Married:  Yes  No      If yes, name of Spouse: \_\_\_\_\_

Children (living at home):

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Employment History:**

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Background:**

School: \_\_\_\_\_ Years Attended: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Experiences (Current or Past)**

Agency:

Type of Work:

Dates Active:

\_\_\_\_\_

\_\_\_\_\_

**Experience & Preferences**

Do you have any experience working with adults with disabilities? Yes  No

If yes in what capacity?

For what type of person do you prefer to be a guardian for?

Elderly     Developmentally Disabled     Chronically Mentally Ill     No preference

Do you prefer a male or female ward?

Male     Female     No Preference

**Mobility**

Do you have a driver's license?  Yes     No

Do you own an automobile?  Yes     No

If yes, please list the Make & Model: \_\_\_\_\_

Do you have Automobile Insurance?  Yes     No

If yes, please identify the company name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Personal Characteristics:**

Do you have any physical or emotional conditions, which may limit your ability to serve in certain volunteer capacities?  Yes     No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Please give the name, address, email and phone number for three individuals (non-relatives) who can vouch for your reputation, character, and morals. These persons must know you well enough to complete a reference questionnaire.

<u>Name:</u>	<u>Address:</u>	<u>Email:</u>	<u>Phone:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please inform the individuals named as references above that they will receive a questionnaire from us. You will be contacted for a personal interview and orientation after we have received the questionnaire from your references.

**Background Information:**

Due to the nature of the work that we do, we must ensure that all volunteers/students are safe and reliable individuals. With that in mind, we will require background checks for every student interested in a placement with our Department.

If you would like an opportunity to inform us of any information we may find while completing our required checks, please do so in the space below. You are welcome to list any convictions including: traffic, civil, criminal offenses, etc. It would be best to list dates, city and state of offenses.

\_\_\_\_\_  
\_\_\_\_\_

If any convictions resulted in probation or court supervision, please share details below:

\_\_\_\_\_  
\_\_\_\_\_

*Wisconsin Statutes 948.13 and 973.034 prohibit a person who has been convicted of certain crimes against children from engaging in an occupation or participating in a volunteer position that requires the person to work or interact primarily and directly with children under 16 years of age. By violating this prohibition, you can be penalized under the Wisconsin Criminal Code.*

**Authorization for Release of Confidential Information**

(Please read all statements before signing.)

I hereby authorize the Brown County Health and Human Services Department to contact the above references to conduct whatever investigation may be necessary to determine if I can become a volunteer.

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief.

I understand that the Brown County Health and Human Services Department will not monetarily compensate me for the hours that I donate as a volunteer.

I understand that falsification of this application constitutes grounds for rejection or termination from this Department's Volunteer Programs.

I give my permission to the Brown County Health and Human Services Department to check with the appropriate authorities (police, courts, motor vehicles, Child Protection, etc.) for matters of records regarding my background or history.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include:**

- This application
- Consent for a Caregiver Background Check form for anyone over age 17 in your home
- A copy of your driver's license
- Proof of auto and home insurance

**Return application to:**

Brown County Health & Human Services Department  
Attn: Jenna Durkee  
111 North Jefferson Street  
P.O. Box 22188,  
Green Bay, WI 54305-2188

Fax: (920)448-6166

Email: [Jenna.Durkee@browncountywi.gov](mailto:Jenna.Durkee@browncountywi.gov)

