

**Defiance County Court of Common Pleas  
Probate and Juvenile Division  
221 Clinton Street, 2<sup>nd</sup> Floor  
Defiance, Ohio 43512  
(419) 782-4181**

Volunteer Guardian Application

Applicant Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

If you have lived outside of Ohio in the last five years, please list your previous address(es): \_\_\_\_\_  
\_\_\_\_\_

Telephone where you would like to be contacted \_\_\_\_\_

E-mail address \_\_\_\_\_

Applicant must be 21 years of age or older: Date of Birth \_\_\_\_\_

Do you have a valid Ohio Driver's License? \_\_\_\_\_

Have you ever been a party to any civil or criminal legal proceedings? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment Information

Current Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Describe your position/responsibilities. \_\_\_\_\_

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Previous Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Describe your position/responsibilities. \_\_\_\_\_

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Describe any volunteer experience you have had. \_\_\_\_\_

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Education

What is the highest level of education you have completed? \_\_\_\_\_

Name of school \_\_\_\_\_

List any certifications, special skills, foreign languages, or other qualities which would be beneficial to the program. \_\_\_\_\_

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Professional References: Please list three non-relative references we may contact.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Why are you interested in being a volunteer guardian? \_\_\_\_\_

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

I, \_\_\_\_\_, swear the information provided in this document is true and accurate to the best of my knowledge. I understand this information will be used for the sole purpose of determining my suitability to act as a volunteer guardian. I grant the Defiance County Probate Court the permission to contact my listed references, employers, and to complete a law enforcement agency and Bureau of Motor Vehicles background check as part of the selection process for the Volunteer Guardian Program. I also understand it is my responsibility to undergo a BCI records check and provide the results to the Court.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

Sworn to me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Seal

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

*\*\*Please return completed application to Chris Palmer\*\**