

KANSAS GUARDIANSHIP PROGRAM

KGP

3248 Kimball Ave., Manhattan KS 66503-0353
www.ksgprog.org

(785) 587-8555 (785) 587-9626 Fax
1-800-672-0086 Kansas Only

Kansas City Office
601 N Mur Len Rd, Suite 12B
Olathe KS 66062
(913)780-3300 (913) 780-3342 Fax

Wichita Office
505 S. Broadway, Suite 207
Wichita KS 67202
(316) 269-2525 (316) 269-2586 Fax

VOLUNTEER INFORMATION FORM

I. PERSONAL DATA

LEGAL NAME _____ Social Security # _____
ADDRESS _____ Date of Birth _____
City _____ Zip Code _____ County of Residence _____
Phone Numbers Home _____ Cell _____ Work _____
Email _____ May you be contacted at work? Yes No

EDUCATION: Note highest level of education _____

SECONDARY LANGUAGE OR COMMUNICATION SKILLS (include language, signing, braille, etc.)

Optional Information

Spouse Name _____
Spouse Employment/Occupation _____
Children _____

II. WORK HISTORY

Beginning with your current or most recent employment, list your last three employers.

Employer _____ Position Held _____
City/State _____ From _____ To _____

Employer _____ Position Held _____
City/State _____ From _____ To _____

Employer _____ Position Held _____
City/State _____ From _____ To _____

III. VOLUNTEER INFORMATION AND HISTORY

Please discuss why you are willing to serve as a court appointed guardian or conservator.

Describe previous and current volunteer and community activities in which you participate.

Are you currently serving or have you ever served as guardian, conservator, representative payee, power of attorney or durable power of attorney for health care decisions? Yes No Number Served _____
If yes, please explain.

Note preferences and interests. Check all that apply.

No Preference

Name of Specific Person _____

Persons with mental illness

Female Male

Persons with aging related illnesses

Persons with developmental disabilities

Persons with other mentally disabling conditions

Identify immediate family member(s) employed by a company or organization which provides individuals with services and supports (for example, nursing home, community mental health center, community developmental disability organization, home health, etc.). Please list information below.

Name of Family Member

Relationship

Company/Organization

IV. PERSONAL AND FINANCIAL BACKGROUND INFORMATION

1. Have you ever been charged and/or convicted of a crime other than a minor traffic offense? If yes, provide dates and specific information.
2. Have you ever been involved with, charged and/or substantiated in a Social and Rehabilitation Services (SRS) investigation of abuse, neglect, or exploitation of a child or an adult? If yes, provide dates and specific information.
3. Have you ever filed bankruptcy? If yes, provide dates and specific information.
4. Have you ever been subject to foreclosure, garnishments, debt collections or other judgements? If yes, provide dates and specific information.
5. The KGP requires a release of information to access the SRS Adult Abuse Central Registry. Please sign the attached *Release of Information* and return with this Volunteer Information Form.

V. SELF ASSESSMENT

Rate yourself in each category listed below. 5 = High 1 = Low

KGP seeks volunteers who are compassionate, caring and able to serve as personal advocates.

___ Act responsibly and appropriately to the needs of others

___ Interact with people of differing background and opinion

___ Interact with persons with mentally disabling conditions

Please comment on your ratings.

KGP seeks volunteers who are dependable and keep commitments.

___ Personal integrity and honesty

___ Independent and assertive

___ Fulfill commitments in a timely manner

___ Self initiative

___ Complete reports/paperwork in a timely manner

___ Work with limited supervision

Please comment on your ratings.

KGP seeks volunteers able to make wise and appropriate decisions regarding another person.

___ Willing to learn new information

___ Make well reasoned decisions

___ Follow guidelines and procedures

___ Maintain accurate records/documentation

Please comment on your ratings.

KGP seeks volunteers able to make appropriate decisions regarding another person’s financial affairs.

___ Manage finances

___ Maintain accurate financial records

___ Pay bills in a timely manner

___ Balance a checkbook/bank statement

Please comment on your ratings.

Describe skills and experiences which may be relevant to serving as a guardian or conservator.

Please describe your philosophy and beliefs on being an advocate.

In signing below, I verify the information provided herein to be true and accurate.

Signature _____ Date _____

VI. REFERENCES

Your Name _____

Provide information for **SIX** people you have known for at least one year. **DO NOT USE RELATIVES.**

References should be employers, professional contacts or friends. Please notify the listed references to expect contact from the Kansas Guardianship Program. **Please print clearly.**

Name _____ Phone Number _____ Length of Time Known _____ Relationship (friend, co-worker, etc.) _____ <i>Office Use Only - Date Reference Sent</i> _____	Address _____ _____ _____ <i>Date Reference Received</i> _____
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**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ADULT ABUSE, NEGLECT, EXPLOITATION, FIDUCIARY, ABUSE CENTRAL REGISTRY**

RELEASE OF INFORMATION

I, _____, give permission for the release of any information

(PRINT ONLY)

concerning myself in the Adult Abuse and Neglect Central Registry to:

Contact Person(s)	M. Jean Krahn, Executive Director
Your agency's name	Kansas Guardianship Program Phone (785) 587-8555
Agency/Individual address	3248 Kimball Avenue, Manhattan KS 66503

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

Maiden Name and/or Other Names known by: _____

(PRINT ONLY)

Any Other Married Name(s): _____

(PRINT ONLY)

DOB: _____ SS#: _____
(mm/dd/yyyy)

Nationality: _____ Sex: _____

Signature: _____ Date: _____

Address: _____

City/State/Zip: _____

FOR THE CENTRAL REGISTRY USE ONLY:

Information contained in Central Registry:

No Record () Yes () Case Finding: _____

Perpetrator's Name: _____

County Reporting: _____ Date Report Received: _____

Initial: _____ Date: _____