

JUDGES
JENNIFER CALLAGHAN
DANIEL A. O'BRIEN
TRACI RICHARDS
KATHLEEN A. RYAN

State of Michigan



LAURA ABIDIN
Case Management Coordinator
Guardianship Services
Phone: (248) 858-0288
Fax: (248) 975-9607

Probate Court County of Oakland

1200 N. TELEGRAPH ROAD, DEPT. 457
BUILDING 12 EAST
PONTIAC, MICHIGAN 48341-0457
PHONE: (248) 858-0260

GUARDIANSHIP REVIEW VOLUNTEER PROGRAMS APPLICATION FORM (Please type or print clearly.)

Date: _____

APPLICANT PERSONAL INFORMATION

Name: _____ Date of birth: _____
Last First Middle
Address: _____
Street number and name City State Zip
How long have at the above address? _____
Cell phone: _____ Work phone: _____ Home phone: _____
Sex: _____ Race: _____ Social Security No: _____ Driver's license No: _____
Name of Auto Insurer: _____ Policy No.: _____ Expiration date: _____
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

APPLICANT EDUCATIONAL BACKGROUND

High school: _____ Graduated: ☐ Yes ☐ No
College: _____ Graduated: ☐ Yes ☐ No
Degree: _____ Field of study: _____
College: _____ Graduated: ☐ Yes ☐ No
Degree: _____ Field of study: _____
College: _____ Graduated: ☐ Yes ☐ No
Degree: _____ Field of study: _____

APPLICANT EMPLOYMENT HISTORY

Present occupation: _____ Supervisor: _____
Name of supervisor

Name and Address of Employer: _____

Length of employment: _____ If less than 2 years, list prior employer: _____

Have you done any previous volunteer work? ☐ Yes ☐ No

If yes, please explain and describe work:

How did you hear about the program? _____

Why do you want to be a volunteer? _____

REFERENCES:

1. _____

Full name of RELATIVE

Phone no.

Occupation

Email

2. _____

Full name of FRIEND

Phone no.

Occupation

Email

3. _____

Full name of CO-WORKER

Phone no.

Occupation

Email

Have you ever been arrested? ☐ Yes ☐ No If yes, please explain: _____

Have you ever been involved in a court action? ☐ Yes ☐ No If yes, please explain: _____

I certify that the above information is complete and true. I understand that references will be contacted, and a police check will be processed. I understand that the program is not obligated to assign me if, in the program's professional judgment, it would not be in my best interest or the best interests of the children served by the program.

DATE: _____

SIGNATURE: _____

PLEASE RETURN

Oakland County Probate Court
1200 North Telegraph Road Dept. 457
Pontiac, MI 48341-0452

OAKLAND COUNTY PROBATE COURT
GUARDIANSHIP SERVICES
VOLUNTEER PROGRAM

1200 North Telegraph Road, Dept 457
Pontiac, Michigan 48341
(248) 858-0288
www.oakgov.com/probate

VOLUNTEER PROGRAM AGREEMENT

As a member of the Guardianship Services Volunteer Program, I understand and agree to the following:

1. I agree to submit all appropriate application material including references. I understand that my references will be contacted and that I may be asked to provide additional information.
2. I understand that a Police Records Check is one of the criteria for determining my eligibility, and hereby authorize such confidential investigation.
3. I agree, upon acceptance into the Guardianship Services Volunteer Program, that I will attend a half-day training and orientation session.
4. I agree to accept at least 2 review assignments per month.
5. I agree to make a legitimate effort to be on time for my scheduled visits and to submit the completed assignments to the court within the allotted timeframe.
6. **I UNDERSTAND AND AGREE THAT I WILL NOT TRANSPORT THE WARD IN MY VEHICLE ANYWHERE AT ANY TIME OR UNDER ANY CIRCUMSTANCES.**
7. I pledge to conduct myself in a professional manner at all times. I will not engage in any activities that would reflect negatively on me as a representative of the court. I, furthermore, agree not to perform any acts that would bring embarrassment to the Oakland County Probate Court or its judiciary.
8. **I understand that I am required to carry a copy of the court order of appointment on all visits.**
9. I understand that I am entitled to reasonable mileage reimbursement for my visits. If I seek reimbursement, I will submit all necessary forms.
10. I will notify the designated contact person whenever I need direction on a developing concern or issue. I understand that I may return any assignments that I feel place me in a dangerous situation or that have become inconvenient for me to complete.
11. The Guardianship Services Volunteer Program has the right to deny my application as a volunteer without explanation.
12. I understand that the Guardianship Services Volunteer Program is not obligated to assign me to a case if, in the program's professional judgment, it would not be in my best interest or the best interest of the ward.
13. Other: _____

I agree to abide by the above program agreement

Signature of Applicant: _____ **Date:** _____

**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION**

Oakland County Probate Court
Guardianship Review Volunteer
1200 North Telegraph Road, Dept 457
Pontiac, Michigan 48341
(248) 858-0288

I authorize the Oakland County Probate Court to conduct a criminal history check by name and identifiers to determine the existence of any arrests resulting in a conviction.

My Name: _____

Maiden/Other: _____

Date of Birth: _____ **Race:** _____ **Sex:** _____

Signature: _____ **Date:** _____

This authorization is valid for only the information, courts and persons cited above. Further sharing of this information is not permitted without further specific authorization.

PLEASE DO NOT FILL OUT INFORMATION BELOW LINE

The Individual ☐ does not ☐ does have a criminal history

Check performed on: _____
Date

By: _____