

Interviewed _____

Trained _____

Approved _____

Administrative Office of the Courts
North Carolina Guardian ad Litem Program
Volunteer Application

Name _____ Date Of Birth _____
(Last) (First) (Middle)

Social Security No. _____

Home Address _____ Phone _____
(Street) (City) (Zip)

Employed By (If Employed) _____ Phone _____

Address _____

Supervisor _____ May you be called at work?
 Yes No

Brief description of work _____

Spouse's Name _____ Occupation _____

Formal Education (Highest year of school completed.) _____

Do you drive? Yes No Do you have regular access to a car? Yes No

Current community activities _____

List current and previous volunteer work (List all previous volunteer work; include brief description of duties and activities, dates of service and supervision)

As a Guardian ad Litem you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? Yes No

What times would you be available to serve as a Guardian ad Litem? _____

Are you willing to commit to one year of volunteer service? Yes No