

**Sam Juncker**  
**Judicial District Administrator**



**Please return application to:**

Washington County Courthouse  
 Guardian ad Litem Program  
 14949 62<sup>nd</sup> Street N, P.O. Box 3802  
 Stillwater, MN 55082  
 Phone: (651) 430-6301  
 Fax: (651) 430-6303

Mailing Address:  
 Anoka County Courthouse  
 325 East Main Street  
 Anoka, MN 55303  
 Phone: (763) 422-7475  
 Fax: (763) 422-7474

**STATE OF MINNESOTA**  
**TENTH JUDICIAL DISTRICT**  
 Counties of Anoka, Washington, Wright,  
 Sherburne, Isanti, Kanabec, Pine and Chisago

**GUARDIAN AD LITEM APPLICATION FOR VOLUNTEERS**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
Street Address	City	State/Zip
Home Phone:		Work Phone:

**Education**

	Name and Location of School	Course of Study	Years Completed/Credits	Diploma/Degree/Certificate Received
High School or GED				
College, University or Professional School & Location (List all undergraduate and graduate work)				
Business, Correspondence, Trade, Technical or Vocational School				
Internships (if any):				
Specify other training you received (special courses, work training, programs, etc.). Also, estimate the number of hours of training you received. Attach additional sheets if necessary.				
Current professional licenses, registrations or certificates related to this job. Give type and numbers.				

## RECORD OF EMPLOYMENT

- Give your present or most recent employment first.
- Do NOT mark application "see resume" although you may attach a resume in addition to completing this form.
- Indicate name under which employed if other than present
- Attach additional sheets if necessary.
- BE COMPLETE. Applications are eligible only if it can be determined from their application that they meet the minimum qualifications for the position.

### *Length of Employment*

From \_\_\_/\_\_\_ To \_\_\_/\_\_\_  
Mo Yr Mo Yr

Total \_\_\_\_\_  
Years Months  
 Full-time  Part-time

Hours/Week \_\_\_\_\_  
Starting Salary \_\_\_\_\_  
Last Salary \_\_\_\_\_

Name and Address of Employing Firm:

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

Supervisor's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May we contact this employer?  Yes  No

Your Title: \_\_\_\_\_

Specific Areas of Responsibility:

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

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

Supervisor's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
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Your Title: \_\_\_\_\_

Specific Areas of Responsibility:

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

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Phone Number \_\_\_\_\_  
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Specific Areas of Responsibility:

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

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Supervisor's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
May we contact this employer?  Yes  No

Your Title: \_\_\_\_\_

Specific Areas of Responsibility:

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

**SPECIAL SKILLS / EXPERIENCE**

List any special skills, interests, committee work, community work, volunteer work, or other experience that may assist you in carrying out the responsibilities of a Guardian ad Litem:

Skills/ Experience: \_\_\_\_\_ Years \_\_\_\_\_

Skills/ Experience: \_\_\_\_\_ Years \_\_\_\_\_

Skills/ Experience: \_\_\_\_\_ Years \_\_\_\_\_

Skills/ Experience: \_\_\_\_\_ Years \_\_\_\_\_

Have you ever served as an Advocate for any person or group?  Yes  No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN AD LITEM EXPERIENCE**

Have you ever served as a *Guardian ad Litem* or *CASA (Court Appointed Special Advocate for Children)*?  Yes  No

If YES:

When? \_\_\_\_\_

How long? \_\_\_\_\_

What kind of cases did you work with? \_\_\_\_\_

What was your caseload average? \_\_\_\_\_

Please list the state(s) and county(s) in which you have served:

State \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_

Have you ever been involuntarily discharged or terminated from a *Guardian ad Litem* or *CASA* Program?  Yes  No

If YES, what state and county: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever been involuntarily removed from a *Guardian ad Litem* or *CASA* Training Program?  Yes  No

If YES, what state and county: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever been denied the opportunity to enlist in a *Guardian ad Litem* or *CASA* Training Program?  Yes  No

If YES, what state and county: \_\_\_\_\_

Reason: \_\_\_\_\_

**BACKGROUND CHECK**

Do you consent to a thorough background check, including investigation of criminal and driving records?  Yes  No  
(Complete "Disclosure and Release Form" – Acceptance to the pre-certification training program and the Guardian ad Litem program is contingent upon successful completion of this background check.)

Have you ever been convicted of a crime (other than a minor traffic violation)?  Yes  No  
If yes, please identify both the crime with which you were charged and convicted and the date, county and state: \_\_\_\_\_

Have you ever received against you any findings of maltreatment toward children or vulnerable adults?  Yes  No  
If yes, please identify both the finding, the date, and the county and state: \_\_\_\_\_

Is there anything about your background that would not allow you to perform the functions of a *Guardian ad Litem* fairly and equitably?  Yes  No  
If yes, please explain: \_\_\_\_\_

Is there anything about your background that would cause others to think you could not perform the functions of a *Guardian ad Litem* fairly and equitably?  Yes  No  
If yes, please explain: \_\_\_\_\_

Do you have a valid Minnesota driver's license?  Yes  No  
Has your driver's license been suspended or revoked within the last 5 years?  Yes  No  
If YES, please list the date, state, and county in which it was suspended or revoked: \_\_\_\_\_

**REFERENCES – Please list three references by name, address and telephone number**

Name	Address	Telephone

