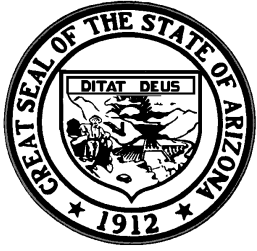


Guardian Review Program Information / Application Packet

Guardian Review Program
125 West Washington, 1st Floor
Phoenix, AZ 85003
602-372-5055

grp@superiorcourt.maricopa.gov





Superior Court of Arizona in Maricopa County Probate Court Investigations – Guardian Review Program

125 W. Washington
Phoenix, AZ 85003
602-372-5055

grp@superiorcourt.maricopa.gov

Dear Prospective Volunteer:

The **GUARDIAN REVIEW PROGRAM** with the Superior Court of Arizona in Maricopa County is an exciting and rewarding volunteer opportunity, offering you the potential to support and improve your community, develop valuable skills, and learn about our judicial system.

In Maricopa County, the Probate Court is charged with the responsibility of appointing guardians and conservators for vulnerable adults who, due to serious physical or mental disabilities, require assistance in making decisions about their daily lives. While Guardians are appointed with the task of “guarding” the Ward, the ultimate responsibility of “guarding” the Guardian falls to the Court, ensuring that the Guardian is adequately caring for the health and well-being of the Ward. That’s where the **GUARDIAN REVIEW PROGRAM** comes in.

GUARDIAN REVIEW PROGRAM volunteers serve as Court Visitors, objective observers who act as the “eyes and ears” of the Court. **GUARDIAN REVIEW PROGRAM** volunteers visit with Wards and observe the Ward’s living situation, level of care, and overall health and well-being. **GUARDIAN REVIEW PROGRAM** volunteers are then asked to file a brief report of their findings.

The **GUARDIAN REVIEW PROGRAM** is seeking objective, adaptable, and polite volunteers who can dedicate time to the program. All volunteers will receive training, continuing education, and ongoing support from **GUARDIAN REVIEW PROGRAM** staff and the Court.

If you are interested in this opportunity, please complete and return the enclosed application by mail, fax, or e-mail.

Mail

Guardian Review Program
125 West Washington, Suite 110
Phoenix, AZ 85003

E-Mail

grp@superiorcourt.maricopa.gov

Fax

602-506-6031

If you have any additional questions, please contact 602-372-5055 directly (Monday – Friday, 8:00am – 5:00pm).

Sincerely,

Cambria Bowman
Guardian Review Program Coordinator
Bowmanc001@superiorcourt.maricopa.gov
Phone: 602-506-2473
Fax: 602-506-6031

GUARDIAN REVIEW PROGRAM VOLUNTEER

JOB DESCRIPTION

The role of a Volunteer with the **GUARDIAN REVIEW PROGRAM** is vital and serves to provide the Court with first-hand knowledge about the welfare of all vulnerable adults under guardianship, ensuring that they remain safeguarded. Volunteers are assigned cases and provided with pertinent case information. In turn, Volunteers are asked to visit with the Ward in person, speak with the Guardian and any other parties who may have relevant information to offer. After the visit is concluded, and all information has been obtained, Volunteers are asked to prepare a report that will ultimately be filed in the Court's record (Guardianship Site Visit Report).

After completion of the initial training, Volunteers will be asked to:

- Review case information on assigned cases,
- Visit with Ward in person, contact and speak with the Guardian, and interview other parties (if necessary),
- Complete and submit the Guardianship Site Visit Report on all cases assigned and completed, and do so prior to established deadlines,
- Complete follow-up on cases as requested by the Guardian Review Program Supervisor and/or Coordinator, and
- Be prepared to discuss by phone, e-mail, or in person any issues with a particular case.

All Volunteers applying for consideration with the **GUARDIAN REVIEW PROGRAM** should meet the following prerequisites:

- Outgoing, with an ability to both actively listen, and effectively communicate.
- Friendly, patient, and tactful.
- Excellent writing skills.
- Resourceful and adaptable.
- Willing to maintain confidentiality of sensitive case information.
- Capable of remaining objective and impartial.
- Able to provide own transportation.





Guardian Review Program Volunteer Application

Last Name:	_____	First:	_____	M.I.:	_____
Date of Birth:	____ / ____ / ____	SSN:	____ - ____ - ____		
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Home Phone:	_____	Work:	_____	Cell:	_____
Email Address:	_____				

Emergency Contact:	_____	Relationship:	_____
Home Phone:	_____	Cell:	_____

Reasons for wishing to volunteer with the Guardian Review Program:

How did you hear about the Guardian Review Program?

<input type="checkbox"/> AARP	<input type="checkbox"/> Area Agency on Aging
<input type="checkbox"/> Craigslist	<input type="checkbox"/> ASU Internship* (certain rules apply)
<input type="checkbox"/> Volunteer Match	<input type="checkbox"/> Court's Website
<input type="checkbox"/> Other (Please Specify): _____	<input type="checkbox"/> AZ Summit Law School* (certain rules apply)

How many hours per month are you willing to commit to volunteering with the Guardian Review Program?

<input type="checkbox"/> Less than 12 hours per month.
<input type="checkbox"/> More than 12 hours per month. Please specify number of hours: _____

Highest Level of Education Completed:

High School
 2-Year Degree
 4-Year Degree
 Masters or above

Major(s):

Employment

(List recent employers, starting with the most recent first)

	Dates	
	From	To
1.		
2.		
3.		

Volunteer Experience

(List recent volunteer experience, starting with the most recent first)

	Dates	
	From	To
1.		
2.		
3.		

Hobbies / Interests:**Languages Spoken:****References**

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your current supervisor.

	Name	Address	Phone	Relationship
1.				
2.				
3.				

APPLICANT'S STATEMENT (Please read carefully and sign)

The information I provided in this application is true, correct and complete, to the best of my knowledge. I understand that any false or misleading information, omissions, unsatisfactory references or failure to pass a criminal history check may result in the denial of my application or, if discovered after my volunteer assignment commences, immediate termination as a volunteer. I authorize Maricopa County to investigate and verify all information requested or provided on this application, and authorize persons and entities to provide such information. All references listed may be contacted, and I release Maricopa County and all persons or entities that provide information from all liability or claims relating to the information or decisions made based upon that information.

I agree to maintain the confidentiality of all information regarding Maricopa County or the individuals or organizations it serves while serving as a volunteer of Maricopa County.

Further, I understand that, if selected for a volunteer position, my volunteer assignment will be at will, which means that this relationship is strictly voluntary and my relationship with Maricopa County may be ended by myself or Maricopa County with or without cause or notice, at any time. I also understand and agree that I am not being offered employment with Maricopa County or the promise of any future employment with Maricopa County as a result of completing this volunteer application form or serving as a volunteer with Maricopa County.

Signature: _____

Date: _____