



## Ada County Board of Community Guardians Application for Volunteer Companion

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Thank you for your interest! Please complete, sign and return this form by mail, FAX or email.

Ada County Board of Community Guardians  
200 W Front Street, Boise, ID 83702 Phone:  
(208) 287-7977  
FAX: (208) 287-5811  
[communityguardian@adaweb.net](mailto:communityguardian@adaweb.net)

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Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

How long have you been in the area? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Are you presently employed? Yes No

If yes, what is your occupation? \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Why do you want to be a volunteer companion?

Are you volunteering to provide companionship for a specific person?      Yes      No

If yes, what is his/her name? \_\_\_\_\_

Have you ever been a guardian or companion for another person before?      Yes      No

If yes, were they a family member? \_\_\_\_\_

What was his/her name? \_\_\_\_\_

- Would you prefer to be a companion for:
- an elderly person
  - a disabled person
  - no preference

Please list any prior volunteer positions.

Dates	Volunteer Position	Duties

Have you received volunteer training?      Yes      No

If yes, when? \_\_\_\_\_ What subject? \_\_\_\_\_

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Please list your skills, interests, hobbies and community activities.

What is your highest level of education?

- Elementary       Vocational/ Technical       High School       College       Graduate School

Do you speak a language other than English?      Yes      No

If yes, which language(s)? \_\_\_\_\_

Can you furnish transportation for others?      Yes      No

If yes, is your vehicle insured for the legally recommended minimum liability (\$5,000 property damage and \$10,000 personal injury)?      Yes      No

What is your vehicle license number? \_\_\_\_\_

How many hours will you be available? \_\_\_\_\_

How soon will you be available? \_\_\_\_\_

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Please list 3 references whom we may contact about your capabilities and commitment to volunteerism.

Name	Address	Phone

Please provide an emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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*I certify that to the best of my knowledge and belief that the statements and information on this form are true, accurate and complete.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date