



120 East Market Street
Suite 1190
Indianapolis, IN 46204
317 / 955 2790 *tel*
317 / 423 5444 *fax*

Thank you for your interest in applying to become a Volunteer Advocate with The Center for At-Risk Elders. Serving as a Volunteer Advocate can be an incredibly rewarding experience for both the individual in need and you.

Our first step is to have you complete the Volunteer Advocates Program Application and Authorization for Criminal History Inquiry. With these, you will be providing us more information about yourself and why you would like to volunteer as well as authorizing us to conduct a criminal background check.

Once we receive your completed forms, we will contact your references and initiate a criminal background inquiry. Your application is then considered for approval.

Once approved, we will chat with you more about expectations, upcoming trainings, and more. You should also feel free to contact me at any time along the way if you have questions. We most certainly look forward to working with you and are grateful for your interest.

All my best,

Meredith Thompson
Director of Guardianship Programs

VOLUNTEER ADVOCATE PROGRAM OVERVIEW

The Volunteer Advocates Program is a key component of the Center for At-Risk Elders (CARE). At CARE, we believe that well-trained volunteers can meet a tremendous need we have in our community. Far too many adults and elders are unable to make quality decisions as a result of an incapacity. In these cases, a guardian is needed, yet a significant number have no family or friend who is appropriate to serve as guardian. This is where the Volunteer Advocates Program comes in.

CARE matches Volunteer Advocates one-on-one with men and women in need of a guardian. As you consider applying to become a Volunteer Advocate, it is important for you to first consider the role and responsibilities of a Volunteer Advocate prior to submitting your application.

- This volunteer opportunity is not suited to everyone.
- A crisis such as hospitalization, need for nursing home placement, or family abuse necessitates the need for a guardian. End-of-life decision-making may be a need.
- The required initial training totals approximately 3 hours and additional continuing education throughout the year is also offered. A one-year commitment to program is required and you can expect to devote 2-10 hours a month working with your ward.
- Confidentiality is an absolute must and conflicts of interest must be avoided.

Some of the things you can expect to be doing include:

- Consent to medical treatments such as procedures, hospitalizations, and medication changes;
- After consulting with the Program Director, consent to end-of-life treatment decisions such as DNR orders or withdrawal or withholding of certain treatments;
- Facilitate medical services and ensuring routine medical care such as dental visits, eye appointments, foot care, hair appointments are received.
- Work with social workers or caseworkers to make the best living arrangements.
- Sign admission papers at the extended care facility. In some cases, having the ward transferred to another facility.
- Volunteer Advocates are NOT be responsible for handling money and are NOT be financially responsible for the patient!

We hope this gives you an overview of our program and that after considering these responsibilities, you choose to apply to become a Volunteer Advocate.

For More Information

Contact Meredith Thompson, Director of Guardianship Programs
317-955-2790 / meredith@indianacare.org



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VOLUNTEER ADVOCATES PROGRAM APPLICATION

Date of Application _____

How did you learn about our program? _____

**PART 1 – PERSONAL INFORMATION
GENERAL HISTORY**

Legal Name _____ Date of Birth _____

Address _____ Soc. Sec. # _____

City/State/Zip _____ Gender _____

Cell # _____ Home # _____

E-mail _____

Emergency Contact _____ Phone# _____

EMPLOYMENT / VOLUNTEER WORK HISTORY

Present Employer _____ Date Started _____

Address _____ Title _____

City/State/Zip _____ Work # _____

Job Description _____

Previous Employer _____ Date Started _____

Address _____ Title _____



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City/State/Zip _____ Work # _____

Job Description _____

Previous Employer _____ Date Started _____

Address _____ Title _____

City/State/Zip _____ Work # _____

Job Description _____

EDUCATION / TRAINING / EXPERIENCE

High school attended _____ Graduation year _____ - I did not graduate

College or technical/trade school _____

Graduation year/Expected graduation year _____ - I did not graduate

College degree(s) and professional/trade Other educational/training programs/licenses held

Check any of the following areas where you have training/work experience:

- counseling
- law
- health care/nursing
- social work
- other area that might be helpful _____
- office administration
- public speaking
- geriatric care
- writing
- criminology/ law enforcement
- education
- psychology/ mental health
- news media



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Describe: _____

What language(s) do you speak other than English? _____

PART 2 – MOTIVATION AND LIFE HISTORY INFORMATION

On a separate sheet of paper please write a short summary about your interest in volunteering.

- how do you hope to benefit from your experience?
- what attracted you to this particular program?
- any other information you believe will assist us in reviewing your application

PART 3 – PERSONAL REFERENCES

Please print the names, addresses, and telephone numbers of three people who have known you for a minimum of two years. Do not include relatives. The references need to be individuals who can address how well you can fulfill the responsibilities of being a Volunteer Guardian. We will contact your references, so please alert each of them.

Name 1 _____ Phone # _____

Relationship to you _____ Length of acquaintance _____

Address _____ City/State/Zip _____

E-mail address _____

Name 2 _____ Phone # _____

Relationship to you _____ Length of acquaintance _____

Address _____ City/State/Zip _____

E-mail address _____

Name 3 _____ Phone # _____

Relationship to you _____ Length of acquaintance _____

Address _____ City/State/Zip _____

E-mail address _____



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PART 4 – AFFIRMATION AND ACCEPTANCE

I, _____, hereby affirm that all the answers on this Volunteer Advocates Program Application for The Center for At-Risk Elders, Inc., are true to the best of my knowledge. I hereby authorize The Center for At-Risk Elders, Inc. to investigate my background to determine my fitness as a potential volunteer guardian. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a volunteer. Furthermore, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year or for as long as the incapacitated person's case to which I am assigned is being supervised by The Center for At-Risk Elders, Inc. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to The Center for At-Risk Elders, Inc. as soon as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a Volunteer Guardian. I promise that I shall hold all pertinent information in strict confidence. I will only discuss the contents of these materials with those persons who are parties to the case and their legal representatives or with persons or organizations that may be consulted for professional knowledge or expertise. I accept full responsibility for maintaining the confidential and private nature of all records and information.

I understand that I am personally responsible and liable for any violation of this statement.

Signed _____ Date _____

Return completed form to:

Meredith Thompson
Director of Guardianship Programs
The Center for At-Risk Elders, Inc.
120 E. Market Street, Suite 1190
Indianapolis, Indiana 46204
317-955-2790 ♦ 317-423-5444 (fax)
meredith@indianacare.org



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Authorization for Criminal History Inquiry

I, _____, also known as _____ (if none, so state) hereby authorize the Center for At-Risk Elders, Inc. to further search the files and records of the justice system, BMV records, Adult Protective Services records, and Child Protective Services records for any criminal history information. I understand that the results of an investigation shall remain confidential but shall be reviewed by The Center for At-Risk Elders, Inc. to determine my suitability for employment and/or volunteering.

Date _____

Applicant's Printed Name _____

Applicant's Signature _____

Date of Birth _____ Social Security Number _____

Gender _____ Race _____

Place of birth (city and state) _____

Present address _____

Previous address _____