

# Lake County Volunteer Guardian Program



## Guardian Interest Form

PO Box 496  
Painesville, OH 44077  
ATTN: Antoinette Foster, Program Manager



guardian@lclifeline.org  
440-350-2234

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Email: \_\_\_\_\_

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### Please circle your response:

Have you ever been a guardian before? Yes No  
Are you able to travel locally to visit wards in their home placement or in facilities? Yes No

Please tell us about you and why you would like to become a volunteer guardian.

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

### Please choose a population you would like to work with (circle all that apply).

1. Elderly    Young Adult    Disabled    Mental Health    Dementia    no preference
2. Male    Female    no preference

What is the next step? One of our Volunteer Guardian Program staff will follow up with you within 14 days. Thank you for your interest in becoming a volunteer guardian.