

Lake County

Volunteer Guardian Program

Guardian Interest Form



P.O. Box 496
Painesville, OH 44077
Attn: Jennifer McLaughlin, Program
Manager

guardian@lclifeline.org

(440) 350-2234



Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

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).

Elderly Young Adult Disabled Mental Health Dementia no preference
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.*