

# Evidence of Effectiveness

## The Office of the Inspector General Report

In 2006, the US Department of Justice Office of the Inspector General (OIG) conducted an audit of the National Court Appointed Special Advocate Association (CASA), as required by Congress.

Following are highlights of the findings.

1. Children with a CASA volunteer are substantially less likely to spend time in long-term foster care, defined as more than 3 years in care: 13.3% for CASA cases versus 27.0% of all children in foster care.
2. When a CASA volunteer was involved, both children and their parents were ordered by the courts to receive more services. The audit concluded that this was an indication that "CASA is effective in identifying the needs of children and parents."
3. Cases involving a CASA volunteer are more likely to be permanently closed than cases where a CASA volunteer is not involved. The statistics vary from only 1.4% of children with a CASA volunteer reentering the CWS (CASA Data Request) to 9% of CASA children reentering the CWS (Youngclarke Review). This is in contrast to 16% for children not served by a volunteer.
4. Children with a CASA volunteer are more likely to be adopted and less likely to be reunified with their parents than children not assigned a CASA volunteer. The audit explains this finding as the result of CASA volunteers serving on typically the most serious cases of maltreatment and therefore cases where children are less likely to be reunified with their parents.

Note: In the State of Florida, volunteers are referred to as Guardians ad Litem.

# GUARDIAN AD LITEM PROGRAM TALKING POINTS

## A Voice in a Time of Need

- The Guardian ad Litem Program's sole responsibility is to represent the best interests of children who are involved in dependency court proceedings.
- The GAL Program currently has more than 7,700 volunteers and represents the best interests of almost 23,000 children.
- In addition to a guardian, every child appointed to the Program has an attorney representing that child's best interest.

## Savings to Florida

A survey was done to assess the monthly time and mileage obligations of an active GAL volunteer.<sup>1</sup>

- Each gave an average of 10.1 hours and drove an average of 87.13 miles per month.
- Collectively, the active volunteers worked an estimated 32,747.84 hours and drove approximately 281,158.07 miles.

The Independent Sector, a leadership forum for charities and foundations which is recognized by the US Department of Labor, estimated in 2007 that the dollar value for an hour of volunteer time in Florida was \$17.78.

- $\$17.78 \times 32,747.84 = \$582,256.59$

Florida reimburses its employees .445 cents a mile.

- $.445 \times 281,158.07 = \$125,115.34$

Total Savings for October, 2009 = \$707,371.93

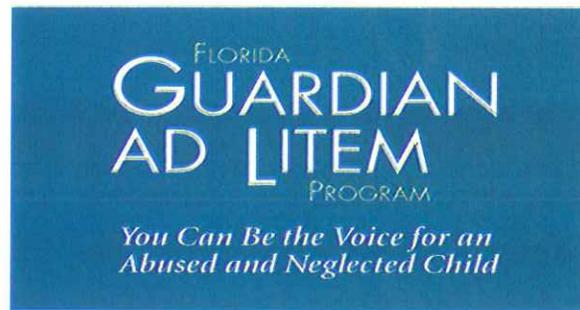
When multiplied by the 12 months in a year, this savings equals almost \$8.5 million per year.

## 2011 Budget Priorities

- Due in part to cuts in funding; there are almost 8,000 children in Florida's dependency system without any best interest representation.
- The Program is requesting, at a minimum, to maintain current funding levels. This includes \$1 million in non-recurring general revenue, without which the Program will be forced to terminate more than 25 employees resulting in an additional 750 children losing their most committed advocate.
- A cut to the GAL Program, while minuscule to the statewide financial void, will have long lasting negative effects on hundreds, if not thousands, of children by weakening one of the state's most efficient and effective programs.

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<sup>1</sup> 58.8% of the Active Volunteers responded to the October 2009 survey.



## FREQUENTLY ASKED QUESTIONS

**What is a Guardian ad Litem?**

A Guardian ad Litem is a volunteer appointed by the GAL Program to advocate for a child. Most of these children have been removed from their homes because of alleged abuse, abandonment or neglect. The GAL becomes familiar with the child and the child's case and makes recommendations to the court to help ensure he or she is placed in a safe, caring stable and permanent environment.

**What is the role of the Guardian ad Litem?**

**Information Gatherer:**

Collects all pertinent information and interviews family, friends, neighbors and other persons involved in the child's life.

**Community Advocate:**

Works with community partners to ensure that the child is receiving the assistance and support needed to be successful.

**Courtroom Advocate:**

Based on the information gathered, makes independent recommendations to the court and becomes the voice of the child, communicating the best interest of the children.

**Do I have the qualifications needed to advocate for a child?**

The minimum requirements to become a GAL are that you must:

- Complete an application
- Be at least 19 years of age
- Consent to a criminal background check
- Complete a screening interview with the local program
- Complete 30 hours of pre-service training

**How much time must I commit as a Volunteer Guardian ad Litem?**

A Guardian ad Litem volunteer should be prepared to commit 6 hours of month with some months requiring more and some requiring less as dictated by the circumstances of the case.

For more information please call 352-369-2525 or visit [www.guardianadlitem.org](http://www.guardianadlitem.org)

## Sumter County Facts

- As of November 30, 2010 there are 59 certified volunteer Guardians ad Litem in Sumter County along with 2 staff
- From January 1, 2010 to November 30, 2010 those volunteers and staff advocated for 144 Sumter County children.
- 83 of those children are age 10 and under.  
69 of those are males  
75 of those are females

The Fifth Circuit Guardian ad Litem Program currently has 719 volunteer Guardians ad Litem – the most volunteers in the State of Florida!

**2011 FIFTH JUDICIAL CIRCUIT GUARDIAN AD LITEM PROGRAM  
TRAINING CALENDAR**

*Cathi Thompson, Fifth Judicial Circuit Recruiting & Training ~*

*352-274-2635*

*223 SW Broadway Street*

*Ocala, FL 34471*

*Telephone: 352-369-2525*

*cathi.thompson@gal.fl.gov*

*(Created Oct 15, 2010)*

**LAKE COUNTY**

*January 12, 14, 19 & 21, 2011 ~ 9am to 4 pm*

*July 13, 15, 20 & 22, 2011 ~ 9 am to 4 pm*

*University of FL Extension Agricultural Center, Room B*

*1951 Woodlea Rd., Tavares, FL 32778*

**MARION COUNTY**

*February 8, 11, 18 & 22, 2011 ~ 9 am to 4 pm*

*August 9, 12, 18, & 19, 2011 ~ 9 am to 4 pm*

*Ocala Police Department, 402 S. Pine Ave./Hwy. 441, Ocala, FL*

**HERNANDO COUNTY**

*March 8, 9, 15, & 16, 2011 ~ 9 am to 4 pm*

*September 13, 14, 20 & 21, 2011 ~ 9 am to 4 pm*

*Brooksville Regional Hospital*

*17240 Cortez Blvd., Brooksville, FL 34601*

**SUMTER COUNTY**

*April 2011- 9 am to 4 pm ~ TBD*

*October 2011 – 9 to 4 ~ TBD*

*Facility TBD*

**CITRUS COUNTY**

*May 10, 11, 17 & 18, 2011 ~ 9 am to 4 pm*

*November 7, 8, 14, & 15, 2011 ~ 9 am to 4 pm*

*Withlacoochee Technical Institute, classroom 115*

*1201 W. Main Street, Inverness, FL 34450-4696*

FLORIDA  
**GUARDIAN  
 AD LITEM**  
 PROGRAM



# GAL VOLUNTEER APPLICATION FORM

Thank you for your interest in the Guardian ad Litem Program and advocacy for abused, abandoned, and neglected children. The Program will use the information on this application form to assess your qualifications to serve as a volunteer guardian ad litem and conduct a security background investigation, including a criminal records check. Please read the directions carefully and complete all sections of this form as thoroughly as possible. When you complete the application, please return it along with a copy of your driver's license or photo I.D. and two completed reference forms. If you have any questions, please feel free to contact our office.

Please be aware that Florida has a very broad public records law and this application will be considered a public record. There are provisions in the Florida Statutes that enable the Program to protect certain information collected on this form, but if there is information that you are not comfortable providing, please speak to the circuit director to determine whether the information is critical to process the application.

Name:		Address:	
Home Phone:		Work Phone:	Cell Phone:
E-mail:			
Primary Language:		Secondary Language:	

How long have you lived at your current address? \_\_\_\_\_

*Please list previous 2 addresses and how long you lived there:*

**Address 1:**

\_\_\_\_\_

Dates: \_\_\_\_\_

**Address 2:**

\_\_\_\_\_

Dates: \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Name of present employer:		Address:	
Job title:	Dates of employment:	Supervisor: Phone Number:	
Is this a State Agency? YES or NO			
Brief description of work:			
2. Name of previous employer:		Address:	
Job title:	Dates of employment:	Supervisor: Phone Number:	
Brief description of work:			
3. Name of next previous employer:		Address:	
Job title:	Dates of employment:	Supervisor: Phone Number:	
Brief description of work:			

**VOLUNTEER EXPERIENCE**

**Please list your volunteer experience to include information regarding activities involving children:**

Organization: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Role/duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of service: \_\_\_\_\_

Organization: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Role/duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of service: \_\_\_\_\_

Organization: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Role/duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of service: \_\_\_\_\_

Organization: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_  
 Role/duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of service: \_\_\_\_\_

**TRAINING/EXPERIENCE**

**Please check any category which you have training or experience in:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advertising     | <input type="checkbox"/> Arts or Graphics | <input type="checkbox"/> Child Development            |
| <input type="checkbox"/> Counseling      | <input type="checkbox"/> Criminology      | <input type="checkbox"/> Drug/Alcohol Programs        |
| <input type="checkbox"/> Education       | <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Medicine                     |
| <input type="checkbox"/> Mental Health   | <input type="checkbox"/> News Media       | <input type="checkbox"/> Public Relations/Advertising |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Social Work      | <input type="checkbox"/> Writing                      |

**List current community activities and memberships in clubs, churches, and/or other organizations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been arrested for a crime: Yes ___ No ___		If yes, what charge?	
Date of arrest:	Where?		
Date of disposition:	What was your plea?	What was the outcome?	
Have you ever been a party in a domestic violence case? Yes ___ No ___ If yes, please explain.			
_____			
_____			
Have you ever had a finding of abuse, neglect, or abandonment of a child or adult entered against you or a family member or are you currently involved in a dependency case? Yes ___ No ___ If yes, please explain.			
_____			
_____			

**REFERENCES**

List two (2) references who know you well and could evaluate your qualifications and ability to be a guardian ad litem. Please DO NOT list mere acquaintances or relatives. One of the references should have known you for at least five years, and the other one for at least two years. You may use the last two pages for distribution; to be completed by your references, and returned with your application.

REFERENCE 1.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Length of time known: \_\_\_\_\_ In what capacity: \_\_\_\_\_

REFERENCE 2.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Length of time known: \_\_\_\_\_ In what capacity: \_\_\_\_\_

**AFFIRMATION AND RELEASE**

PLEASE INITIAL:

\_\_\_\_\_ I understand the Guardian ad Litem Program will investigate my background, character references, and that as a part of the screening process, a law enforcement records check will be conducted. I have read the above, understand its contents, and give my consent for the Guardian ad Litem Program to investigate my background and authorize release of information which might have bearing on my ability to serve as a Guardian ad Litem volunteer.

\_\_\_\_\_ I hereby affirm that all of the answers provided on this application are true. I understand that it is a misdemeanor of the first degree, punishable as provided in section 775.082 or section 775.083, Florida Statutes, for any person to willfully, knowingly, or intentionally fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for a volunteer position, any material fact used in making a determination as to the applicant's qualifications for such position.

\_\_\_\_\_ I understand the circuit director has the sole discretion to accept or reject any application.

\_\_\_\_\_ I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the Guardian ad Litem Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the circuit director with as much advance notice as possible.

Signature of Applicant: _____	Date: _____
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**SECURITY BACKGROUND/CRIMINAL RECORDS CHECK**

It is necessary for the Program to collect your social security number to conduct a security background check. The Program will collect and utilize your social security number for this purpose only. Social security numbers contained in public records are protected from disclosure in section 119.071, Florida Statutes.

Full name:		Maiden name:	
Address:		Previous state of residence:	
Driver's License number:		Place of birth:	
SS#:	Date of Birth:	Ethnicity:	Gender:
<p>I hereby authorize a criminal records check, for the purpose of providing my background information to the Guardian ad Litem Program. I hereby authorize release of this information to a representative of the State of Florida Guardian ad Litem Program.</p> <p>SIGNATURE: _____</p>			

Completing this page is optional. The collection of this information is requested to aid the Guardian ad Litem Program in compiling statistical data. Refusal to answer will not result in adverse treatment of any applicant.

**A. Gender**

- A. Male
- B. Female

**B. Ethnicity**

- A. African American
- B. Asian/Pacific Islander
- C. Caucasian
- D. Haitian
- E. Hispanic
- F. Latino
- G. Multi-racial
- H. Native American
- I. Other

**C. Highest Level of Education Completed**

- A. High School/GED  
Name of School \_\_\_\_\_
- B. Completed Under Graduate Degree  
Name of School \_\_\_\_\_
- C. Completed Graduate Degree  
Name of School \_\_\_\_\_
- D. Other  
\_\_\_\_\_

**D. Current Work Status**

- A. Full Time
- B. Part Time
- C. Not Employed
- D. Student
- E. Retired
- F. Other

**E. How did you hear about the Guardian ad Litem Program?**

Please check one:

- |   |  |
|---|--|
| <input type="checkbox"/> Billboard                | <input type="checkbox"/> GAL Website/Internet              |
| <input type="checkbox"/> Brochure, Flyer, Mailing | <input type="checkbox"/> Magazine or Newspaper             |
| <input type="checkbox"/> Church                   | <input type="checkbox"/> State Agency Referral             |
| <input type="checkbox"/> College or School        | <input type="checkbox"/> Television or Radio Ad            |
| <input type="checkbox"/> Corporation              | <input type="checkbox"/> Transfer From Another GAL Program |
| <input type="checkbox"/> Family/Friend            | <input type="checkbox"/> Volunteer Fair                    |
| <input type="checkbox"/> GAL Staff or Volunteer   | <input type="checkbox"/> Volunteer Referral Agency         |
|   | <input type="checkbox"/> Other _____                       |

# FLORIDA GUARDIAN AD LITEM PROGRAM

# PERSONAL REFERENCE CHECK

\_\_\_\_\_ has applied to be a Guardian ad Litem volunteer. The Guardian ad Litem Program trains volunteers in the community to provide independent representation of the best interests of children in court proceedings. Your name was given as a personal reference and your input is being solicited as part of the Program's background check. Please fill out this form and return it. If you need more space to answer a question, you may write on the back of this sheet or use a separate sheet of paper. Thank you for your prompt assistance.

NAME OF PERSON  
GIVING PERSONAL REFERENCE:

\_\_\_\_\_  
(Please print or type name)

How long have you known this person? \_\_\_\_\_ Professionally or personally?

Have you ever observed this person with children? Y/N  
If yes, what are your impressions of the interaction?

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

Would you recommend this person to work in a volunteer capacity with children alleged to be victims of abuse or neglect? Explain.

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

How do you describe this person's ability to work effectively with others?

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Phone Number

FLORIDA  
GUARDIAN AD LITEM  
PROGRAM

PERSONAL  
REFERENCE CHECK

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(Please print or type name)

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

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

How do you describe this person's ability to work effectively with others?

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Phone Number

## WHAT IS A GUARDIAN AD LITEM?

A Guardian ad Litem (GAL) is appointed by the court to advocate for a child. Most of these children have been removed from their homes because of alleged abuse, abandonment or neglect. The GAL becomes familiar with the child and the child's case and makes recommendations to the court to help ensure a safe, caring, stable and permanent environment.



## ROLES OF THE GUARDIAN AD LITEM

*Information Gatherer:* Collects all pertinent information and interviews family, foster parents, teachers and other persons involved in the child's life.

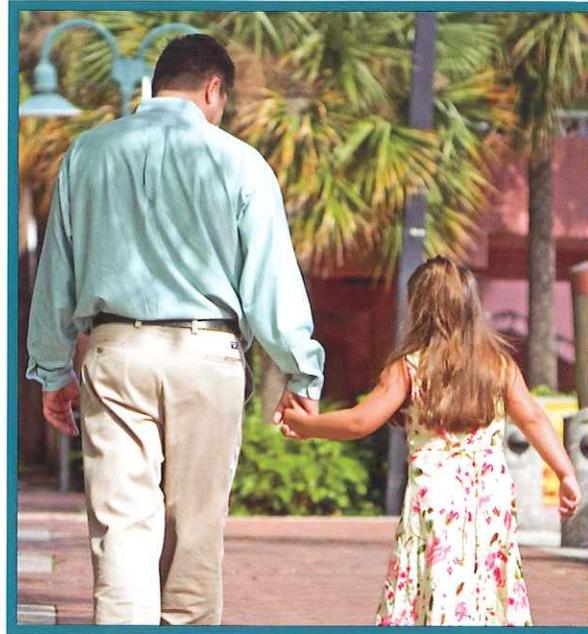
*Community Advocate:* Works with community partners to ensure that the child is receiving the assistance and support needed to succeed.

*Courtroom Advocate:* Based on the information gathered, makes independent recommendations to the court and becomes the voice of the child, communicating the best interests of the child to all involved.



## YOU CAN MAKE A DIFFERENCE

It is incredibly rewarding to advocate for a child, and it has never been easier to get started.



## GUARDIANS AD LITEM RECEIVE:

- ❑ The opportunity to be a champion for an abused or neglected child.
- ❑ 30 hours of training and six hours annually of continuing education provided by the Guardian ad Litem Program – previous training or legal background is not required.
- ❑ A strong and responsive support system including program staff and attorneys who, along with the volunteer, work as a team to provide advocacy for the child.



## OTHER WAYS YOU CAN HELP:

- Become active in the non-profit organization supporting the local GAL Program in your area (find it at [www.GuardianadLitem.org](http://www.GuardianadLitem.org))
- Join the Florida Guardian ad Litem Association ([www.flgal.org](http://www.flgal.org))
- Become a corporate partner
- Talk to your elected officials about the importance of the Guardian ad Litem Program

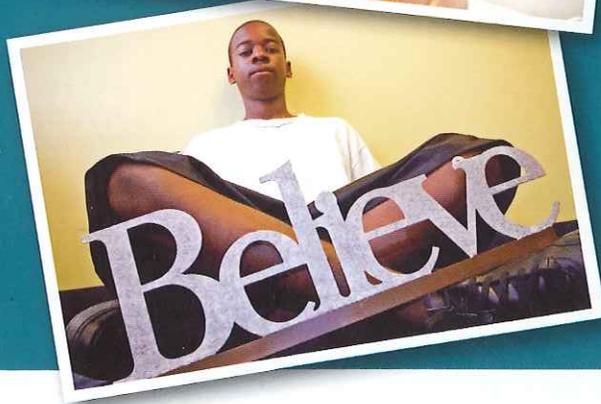
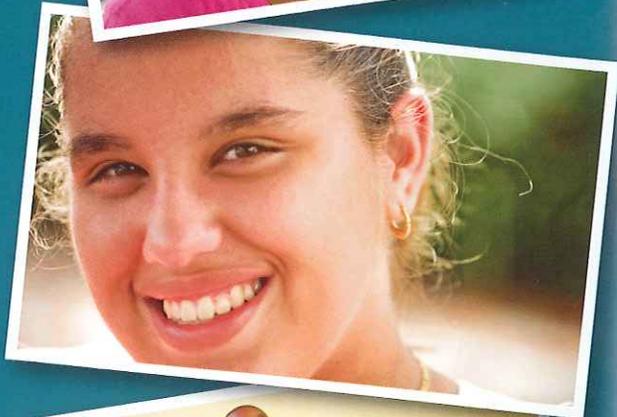
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“ You're the only one who ever listened to me or asked my opinion. ”

— 14 year old child,  
talking to her GAL

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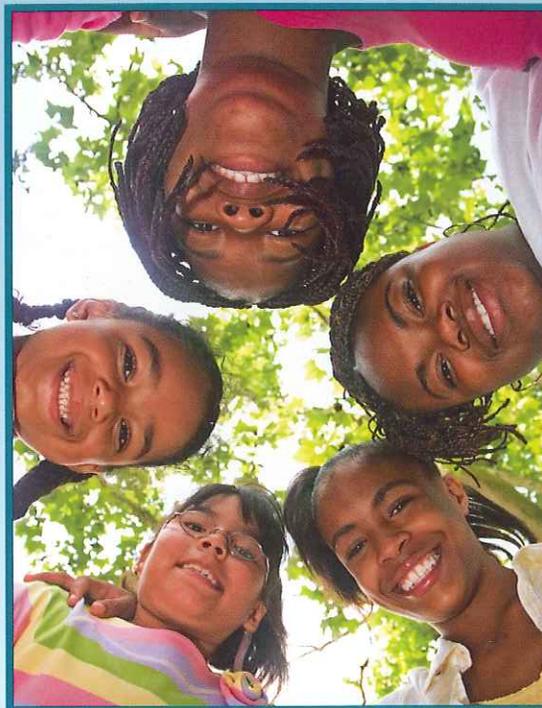
[www.GuardianadLitem.org](http://www.GuardianadLitem.org)  
1-866-341-1425



“ While my life was so uncertain, always switching houses and never knowing who my social worker would be from one week to the next, one factor remained constant, my Guardian ad Litem. ”

— 17 year old girl

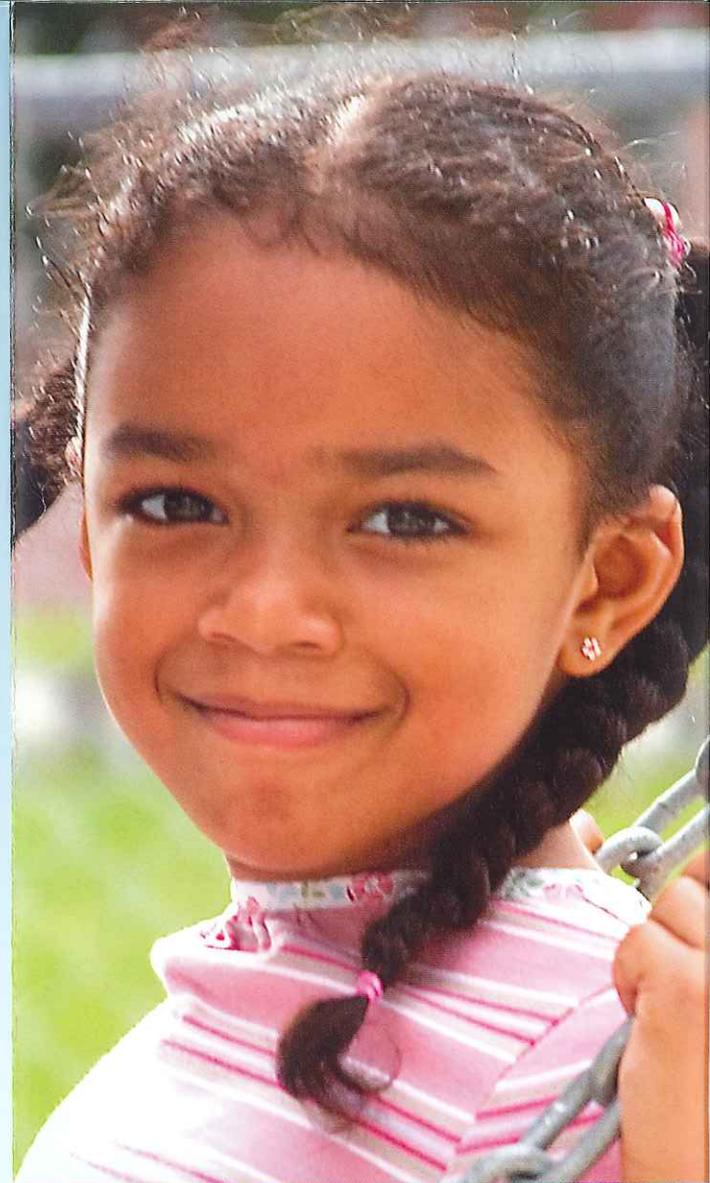
## Volunteers Needed



*Contact Us Today*

[www.GuardianadLitem.org](http://www.GuardianadLitem.org)

1-866-341-1425



FLORIDA  
**GUARDIAN  
AD LITEM**  
PROGRAM

*The Voice for Florida's Abused  
& Neglected Children*