

APPLICATION FOR VOLUNTEER GUARDIAN

Send To:

Patricia A. M. Vinci, Esq., Director
RI Volunteer Guardianship Program
Cornerstone Adult Services, Inc.
140 Warwick Neck Avenue, Warwick, RI 02889
Tel: 401-739-2844 ext.36
Fax: 401-739-5388
pvinci@cornerstone-ri.com

NAME: _____ **DATE:** _____

ADDRESS: _____ **APT.** _____

CITY or TOWN: _____ **STATE** _____

ZIP CODE: _____ **TEL.** _____

E-MAIL: _____

Cell Phone: _____

Do you work? Yes No

If yes, may we contact you there? Yes No Tel. _____

Place and address of employment:

REFERENCES: (3 non-relatives)

1) Name: _____

Tel # _____

Address: _____

Relationship: _____

2) Name: _____

Tel # _____

Address: _____

Relationship: _____

3) Name: _____

Tel # _____

Address: _____

Relationship: _____