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| **FOSTER GRANDPARENT (FGP) VOLUNTEER APPLICATION** |
| **Fill out and send or email to:** | **Foster Grandparent Program****233 West Main Street****Fort Wayne, IN 46806****PHONE:** **(260) 426-2273****Fax:** **(260) 424-2273****www.fgpfw.org** |  Today’s Date  |  |
| **Danielle Lyons, Program DirectorEmail**: fgpfw@outlook.com **Allison Kosnik, Volunteer Coordinator Email**: akfgp@outlook.com | Date Application Received**Office Use Only** |  |
| Contact Date**Office Use Only** |  |
| Interview Date**Office Use Only** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:**  |  |  | **Nickname:** |  |
| **Address:** |  |  |  |  |  |  |  | IN |  |  |
|  |  | *Number & Street* |  | *City* |  | *County* | *State* |  | *Zip* |
| Telephone #:  |  | ( ) |  | Cell Phone: |  | ( ) |  |
| Email: |  |  | @ |  |  | Date Of Birth |  |  |
|  |  |  |  | MM/DD/YYYY |
|  |
| City Where You Were Born: |  | State Where you were Born: |  |
|  |
| Are You A Military Veteran? | [ ]  | YES |  | [ ]  | NO | Are you Hispanic or Latino? | [ ]  | YES |  | [ ]  | NO |
|  |
| Are you Disabled? | [ ]  | YES |  | [ ]  | NO | Determined By Social Security Administration? | [ ]   | YES |  | [ ]   | NO |
|  |
| **What type of health insurance do you have? Note all that apply.** | [ ]  | Medicare # |  |
|  |  |  |  |  |  |  |  |
| [ ]  | Medicaid # |  | [ ]  | Private # |  | [ ]  | NONE |
|  |
| **What is your race? (check all that apply)** | [ ]  | White | [ ]  | Asian | [ ]  | Black/African American |
| [ ]  | Native Hawaiian/ Pacific Islander  | [ ]  | US Indian/Alaska Native  | [ ]  | Other | [ ]  | Don‘t know |
|  |
| What is your residency status? | [ ]  | Citizen | [ ]  | Permanent Resident  | [ ]  | Temporary Resident  |
| Housing: | [ ]  | Own | [ ]  | Rent | [ ]  | Shelter | [ ]  | Homeless | [ ]  | At Risk |
|  |
| Are you head of household? | [ ]  | YES | [ ]  | NO |  |
| **If NO,** what is your relationship to head of household? |  |
|  |
| What is your marital status?  |  |  |  |
| [ ]  | Married | [ ]  | Single | [ ]  | Divorced | [ ]  | Widowed | [ ]  | Living together  |
| Language(s) Spoken | [ ]  English | [ ]  Spanish | [ ]  Chinese | [ ]  French | [ ]  German |
|  |  |  |  |  |  |
| **What is your highest level of education?**  | [ ]  | Last grade completed |  | [ ]  | High School Diploma |
| [ ]  | GED  | [ ]  | 12+ Some Post-Secondary  | [ ]  | College 2 Year Degree  |  | [ ]  College 4 Year Degree  |
| **Previous Occupation(s):**  |  | Did you retire? |  | [ ]  YES |  | [ ]  NO |
| List any hobbies, social skills or interests that you have: |  |
|  |
|  |
| Describe your past experience working with children, & tell us why you would like to become a Foster Grandparent.  |
|  |
|  |
|  |
| How did you hear about our program? |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Doctor’s Name:**  |  |  |  | **Telephone #:**  |  | ***( )*** |  |
| **Address:** |  |  |  |  |  |  |  | IN |  |  |  |
|  |  | *Number & Street* |  | *City* |  | *County* |  | *State* |  | *Zip* |  |
|  |
| Is there are any health conditions that would limit the volunteer’s ability to participate in routine program activities such as lifting, climbing stairs or being outdoors? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **What transportation would you use to get to and from your site?** |  |  |  |
|  |
| ***If you drive your own vehicle you must maintain personal auto liability insurance and a current driver’s license. Your signature below acknowledges and affirms that it is your responsibility to maintain both.*** |
|  |
| **Please list two references that are NOT related to you.** |
|  |  |  |  |  |
|  | **Name** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | ***( )*** |  |
|  | **Address**  |  | **City** |  | **State**  |  | **Zip**  |  | **Telephone #** |  |
|  |
|  |  |  |  |  |  |  |
|  | **Name** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | ***( )*** |  |
|  | **Address**  |  | **City** |  | **State**  |  | **Zip**  |  | **Telephone #** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |
| **Income guidelines *for stipend volunteers only*:** |  | ***INCOME*** |
| Number of persons living in your home:  |  |  |  | Social Security  |  | ***$*** |  |  |
| Name(s) of legal dependents |  |  |  |  | SSI  |  | ***$*** | ***N/A*** |  |
|  |  |  |  | SSDI (SS Disability) |  | ***$*** | ***N/A*** |  |
|  |  |  |  | Do You Receive Rent *From* Anyone? |  | ***$*** |  |  |
| Your Estimated Gross Income for the Next Year |  |  |  |
|  |  | Spouse’s Income  |  | ***$*** |  |  |
| **Do you receive any non-cash benefits?** *Check all that apply:* *And Note Amount:*[ ] Food Stamps/Benefit Card \_\_\_\_\_\_\_\_\_\_[ ] State Children’s Health Insurance \_\_\_\_\_\_\_\_\_\_[ ] VA Medical Services \_\_\_\_\_\_\_\_[ ]  Earned Income Tax Credit \_\_\_\_\_\_ [ ]  WIC \_\_\_\_\_\_\_[ ]  TANF non cash benefits \_\_\_\_\_\_\_\_\_\_[ ] Temporary Rental Assistance \_\_\_\_\_\_\_\_[ ] Section 8 Rental Assistance \_\_\_\_\_\_\_\_\_ |  |  Pension Income |  | ***$*** |  |  |
|  | Wages/Self-Employed |  | ***$*** |  |  |
|  | Annuity Income  |  | ***$*** |  |  |
|  | Employment Disability |  | ***$*** |  |  |
|  | Other Income**/**None |  | ***$*** |  |  |
| **TOTAL INCOME:**  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Emergency Contact Name:** |  |  |  | **Relationship:** |  |  |
| **Home Phone:** |  | ***( )*** |  | **Work Phone:** |  | ***( )*** |
| I hereby attest that all information given is, to the best of my knowledge, accurate. I understand that the Foster Grandparent Program will run multiple criminal checks on me, and that my selection as a Foster Grandparent will be contingent on the results. I will be given the opportunity to dispute any findings that I do not think is accurate. |
| **Volunteer Signature:** |  |  | ***Date*** |  |  |  |
|  |  |  |  |  |  |  |