

# Foster Grandparent Program Volunteer Application



In order to become a volunteer you must:

- Be at least 55 years of age
- Complete an Application
- Pass a required background check
- Meet income eligibility guideline
- Attend orientation

Please fill out the following information completely (print clearly):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Are you or family member a Veteran? Yes  No

Level of Education: Grade School  High School  College  Trade School  Other

Previous Job/Occupation: \_\_\_\_\_

Interest, hobbies, skills: \_\_\_\_\_

List physical or medical concerns that may affect your service as a mentor or tutor? \_\_\_\_\_

What age group of child or student do you prefer to serve? \_\_\_\_\_

How did you learn about the program? () Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

**Beneficiary, please notify:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Emergency Contact, please notify:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Ethnic Group: Voluntary: ()  Caucasian  African-American  Hispanic  American Indian/Alaskan Native  
 Asian, Pacific Islander  Other

**Reference 1**

**Reference 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Marriage Status: Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_

Other \_\_\_\_

<b>Income Eligibility.</b>		<b>Number of people</b>	
<b>Please list all sources of income.</b>		<b>in household:</b>	
<b>Annual proof of income is required.</b>			_____
2022 Income Levels Family Unit Guidelines: One-\$27,180 –Two \$36,620- Three-\$46,060-Four-\$55,500			
<b>MONTHLY</b>		<b>Yourself</b>	<b>Spouse</b>
<b>Source of</b>	<b>Income</b>		
Social Security Income		_____	_____
Supplemental Security Income (SSI)		_____	_____
Pension/Retirement Income		_____	_____
Other		_____	_____
<b>Total Income for current year</b>		_____	_____

**Program Regulations:** I understand that while serving on duty as a Foster Grandparent volunteer, I am not to give religious instruction, conduct worship services, or engage in electoral activities, voter registration, voter transportation to the polls, or efforts to influence legislation.

**Statement of Service:** The agency accepts the service of all volunteers; such service is at the sole discretion of the program. Volunteers agree that the agency may, at any time, for whatever reason, decide to terminate any volunteer relationship. I understand I am not an employee of the Mobile County Commission or the Federal Government, i.e., CNCS- the Corporation for National and Community Service. I further understand that in my capacity as an FGP volunteer, I may be exposed to confidential information. I agree to protect and not disclose information during or after my service as a volunteer has ended to the best of my ability.

**Note:** AmeriCorps Seniors does not discriminate on the basis of sex, race, religion, age, handicap, disability, national origin, or any other characteristic protected by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

**1150 Government Street, #104.Mobile, Alabama.36604**

**Phone: 251.574.6488 Fax: 251.574.5688**