

**AMERICAN HOME FINDING ASSOCIATION
FOSTER GRANDPARENT PROGRAM**

Phone: 641-682-3449, ext. 103

Volunteer Information/ Application
(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Social Security Number: _____

Birth Date: _____ Married: _____ Single: _____ Widowed: _____

Years of School Completed: _____ Can you read and write? Yes / No

Physical Condition: EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

Please Explain: _____

Physician's Name: _____

Person To Notify In Case of Emergency

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

PLEASE LIST 2 CHARACTER REFERENCES (not relatives)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

(OVER)

Tell us about yourself:

How many Children: ____ Grandchildren: ____ Great-Grandchildren: ____ do you have?

What type of work have you done in your life?

Have you ever worked or volunteered with children?

Do you speak any foreign languages? Yes / No
If so, what: _____

What do you think you could offer a child in need?

Who were your role models when you were a child?

What do you think children today need to see in role models?

Where did you first hear about the Foster Grandparent Program?

If you are placed at a site, you would be required to follow their system of discipline and refer all discipline problems to the supervisor, *not handle them yourself*. How do you feel about this?

What age children do you prefer to work with? You may choose more than 1 age group.

0-2 ____, 3-5 ____, 6-9 ____, 10-13 ____, 14-18 ____.

Are you willing to volunteer for 20 hours each week on a regular basis?

Do you have a car? Yes / No

If yes, will you drive yourself to the assigned site? Yes / No

Could you transport other grandparents? Yes / No

AUTOMOBILE INSURANCE INFORMATION

All grandparents who drive themselves to assigned stations must have the required insurance for driving. Grandparents will be reimbursed for driving to and from their assigned workstations. Please fill out the following information below about your insurance coverage.

Insurance Company Name: _____

Policy Number: _____ Expiration Date: _____

INSURANCE BENEFICIARY

I wish to designate the following person(s) as beneficiary for accidental death proceeds under the FGP Accidental Death and Dismemberment Policy:

Name of Beneficiary: _____ Relationship: _____

Address: _____

Name of Beneficiary: _____ Relationship: _____

Address: _____

Signature: _____ Date: _____

I understand that:

1. Foster Grandparents are volunteers and are not employees of American Home Finding Association.
2. A Criminal Records Background check is required prior to a volunteer assignment.
3. All information provided to the Foster Grandparent Program Coordinator will be kept confidential.

Volunteer Signature: _____ Date: _____

Director Signature: _____ Date: _____

(OVER)

AHFA/FGP

Income Status Report

Please fill out the entire form as completely as you can.
 List all sources of income for your household.
 This information will be kept confidential!

YOURSELF	MONTHLY AMOUNT	SPOUSE	MONTHLY AMOUNT
Social Security		Social Security	
Net Rent Income		Net Rent Income	
Stocks/Bonds		Stocks/Bonds	
Public Assistance, SSI		Public Assistance, SSI	
Pension Income		Pension Income	
Interest Income		Interest Income	
Annuities Income		Annuities Income	
Other:		Other:	
MONTHLY TOTAL	\$	MONTHLY TOTAL	\$

OFFICE USE ONLY

Review Date:

FGP Director's signature:

TOTAL NUMBER OF PERSONS LIVING IN YOUR HOME: _____

TOTAL INCOME FOR YEAR IS: \$ _____

- ☐ PLEASE LIST ANY OUT OF POCKET MEDICAL EXPENSES YOU HAVE INCURRED IN THE LAST YEAR WHICH WERE NOT COVERED BY YOUR INSURANCE:

TOTAL FOR YEAR TO DATE: \$

I certify that the information furnished above is correct and understand that falsification of any information may result in my disenrollment as a Foster Grandparent.

Signature: _____ Date: _____