

# Volunteer Application for the Foster Grandparent Program

Multnomah County Aging, Disability & Veteran Services 421 SW Oak St, Suite 510 Portland, OR 97204  
Updated 1/17

Name: ☐ Ms ☐ Mrs. ☐ Mr. \_\_\_\_\_

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

Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

Cell/Alternative phone # \_\_\_\_\_ Best way to contact: ☐ Phone ☐ Cell ☐ E-mail

Marital Status: ☐ Married ☐ Partner ☐ Widow(er) ☐ Single ☐ Divorced ☐ Legally Separated

▪ Where did you hear about The Foster Grandparent Program? ☐ Library ☐ Case Worker  
☐ Senior Center ☐ Senior Meal Site ☐ Senior Employment Agency ☐ Church ☐ Doctor  
☐ Friend/Neighbor \_\_\_\_\_ ☐ AARP ☐ Other: \_\_\_\_\_

▪ Why are you interested in becoming a Foster Grandparent volunteer? \_\_\_\_\_

▪ Please describe any previous volunteer experience: \_\_\_\_\_

▪ What experiences have you had working and/or volunteering with children? \_\_\_\_\_

▪ Do you have any special skills which you feel may be helpful? \_\_\_\_\_

▪ Language(s) spoken: ☐ English ☐ Spanish ☐ Russian ☐ Other: \_\_\_\_\_

▪ Number of hours you plan to volunteer (*15 is the minimum*): ☐ 15 ☐ 16-20 ☐ 21-25 ☐ >25

## CRIMINAL BACKGROUND INFORMATION:

- ☐ I have NEVER been arrested or convicted of any sexual crime(s)
- ☐ I have NEVER been arrested or convicted of murder
- ☐ I will consent to a criminal background check including fingerprints and a National Sex Offender Registry check and I understand that false statements about my criminal history will make me ineligible to serve in the Foster Grandparent Program.
- ☐ I do have a record. Please explain: \_\_\_\_\_

**REFERENCES:** Please list 3 character references that we may contact (**do not list relatives**):

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

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**



**References- continued**

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

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AGE AND INCOME VERIFICATION:** The following income information is required by the Corporation for National & Community Service, Foster Grandparent Program to qualify volunteers under Federal income and age guidelines. All information provided will be kept strictly confidential.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number in household supported by income listed below: \_\_\_\_

**MONTHLY INCOME:**  
residence)**SELF****SPOUSE** (same

Social Security Benefits	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Income from Pensions	\$ _____	\$ _____
Annuities, stocks, bonds	\$ _____	\$ _____
Rental Income from real estate	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Miscellaneous Income	\$ _____	\$ _____

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_ \$ \_\_\_\_\_**Monthly Medical Expenses**

Out-of-pocket medical expenses for you &/or your spouse are deductible from income and may help you qualify for the program:

Health Ins premiums: \$ \_\_\_\_\_

Prescriptions: \$ \_\_\_\_\_

Health care services: \$ \_\_\_\_\_

Other co-pay costs: \$ \_\_\_\_\_

(Please describe): \_\_\_\_\_

**FOR INTERNAL PURPOSES**

Total ANNUAL Income: \$ \_\_\_\_\_ MINUS Annualized out of pocket medical expenses: \$ \_\_\_\_\_

= ANNUAL INCOME: \$ \_\_\_\_\_ Current Age: \_\_\_\_\_

☐ Income ok ☐ above income ☐ Age ok ☐ Younger than 55 Intl: \_\_\_\_\_ Date: \_\_\_\_\_**Certification**

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation will result in my being eliminated from further consideration. I further understand that if accepted for a Foster Grandparent position with Multnomah County Aging and Disability Services (ADS), any material misrepresentations or omissions that become known to ADS will result in termination and disqualification as a Foster Grandparent member, regardless when discovered.

I agree to complete such additional release forms that ADS may require to secure information related to this application and my ability to serve as a Foster Grandparent volunteer.

If accepted into the Foster Grandparent Program, I recognize the instructions, rules, and policies of ADS and will adhere to these to the best of my ability. I understand that if I am accepted, my position can be terminated at any time, with or without cause and with or without notice, at the option of either ADS or myself.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

