

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	\$ _____	\$ _____

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): _____

TOTAL MONTHLY INCOME \$ _____ \$ _____

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:** _____

