Volunteer Application for the Foster Grandparent Program

Aging, Disability & Veterans Services Division • 421 SW Oak St, Suite 510, Portland, OR 97204
Updated 5/2017

Name: ☐ Ms.　☐ Mrs.　☐ Mr. _____

Address: _____

Email address: _____　Phone #: _____

Cell/Other 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 <u>not</u> list relatives**):

1　Name: _____　Phone: _____

　Email: _____　Relationship: _____

Please complete other side

Multnomah County

FOSTER GRANDPARENTS
Share Today. Shape Tomorrow.

References – continued

2 Name: _____ Phone: _____

  Email: _____ Relationship: _____

3 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:	Self	Spouse (same residence)	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:
Social Security Benefits:	$ _____	$ _____	
Supplemental Security Income (SSI):	$ _____	$ _____	Health Ins premiums: $ _____
Income from pensions:	$ _____	$ _____	Prescriptions: $ _____
Annuities, stocks, bonds:	$ _____	$ _____	Health care services: $ _____
Rental Income from real estate:	$ _____	$ _____	Other co-pay costs: $ _____
Interest:	$ _____	$ _____	(Please describe): _____
Miscellaneous Income:	$ _____	$ _____	
Total monthly income:	$ _____	$ _____	

FOR INTERNAL PURPOSES

Total ANNUAL Income: $ _____ **MINUS** Annualized out of pocket medical expenses: $ _____

= ANNUAL INCOME: $ _____ Current Age: _____

☐ Income okay ☐ Above income ☐ Age okay ☐ Younger than 55 Initials: _____ 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, Disability & Veterans Services (ADVSD), any material misrepresentations or omissions that become known to ADVSD will result in termination and disqualification as a Foster Grandparent member, regardless when discovered.

I agree to complete such additional release forms that ADVSD 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 ADVSD 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 ADVSD or myself.

Applicant signature: _____ Date: _____