

Volunteer Application for the Foster Grandparent Program

Aging, Disability & Veterans Services Division • 209 SW 4th Ave, Suite 510, Portland, OR 97204

Updated 10/2018

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 not list relatives):

¹ Name: _____ Phone: _____

Email: _____ Relationship: _____

Please complete other side

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
Social Security Benefits:	\$ _____	\$ _____	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): _____
Supplemental Security Income (SSI):	\$ _____	\$ _____	
Income from pensions:	\$ _____	\$ _____	
Annuities, stocks, bonds:	\$ _____	\$ _____	
Rental Income from real estate:	\$ _____	\$ _____	
Interest:	\$ _____	\$ _____	
Miscellaneous Income:	\$ _____	\$ _____	
Total monthly income:	\$ _____	\$ _____	

FOR INTERNAL PURPOSES	
Total ANNUAL Income: \$ _____	MINUS Annualized out of pocket medical expenses: \$ _____
= ANNUAL INCOME: \$ _____	Current Age: _____
<input type="checkbox"/> Income okay <input type="checkbox"/> Above income <input type="checkbox"/> Age okay <input type="checkbox"/> 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: _____