



FOSTER GRANDPARENTS
 Share Today. Shape Tomorrow.

Application/Enrollment Form
 -Please Print-

3390 Route 112, Building A
 Medford, NY 11763

Tel. (631) 321-8229 Ext. 1224 Fax: (631) 321-6325

Name: _____ Gender: M _____ F _____
**as it appears on state issued photo ID*

Address: _____

Township: _____

Birth date: ____/____/____ E-Mail Address _____

Telephone #: ____-____-____ Social Security #: ____-____-____ Age _____

Ethnic Group (Voluntary, for statistical reporting only): ____Caucasian ____African-American
 ____Hispanic ____Native American/Alaskan Native ____Asian/Pacific Islander Other _____

Marital Status: Married____ Single____ Divorced____ Widowed____ Are you a U.S. Veteran? Yes or No

Do you have any family members actively serving in the military? YES or NO

Educational Background: _____ Previous Occupation: _____

Do you drive/own a car? Yes____ No____

If not, how do you plan on getting to your volunteer placement? _____

Have you ever worked with children? Yes____ No____ If yes, in what capacity? _____

Do you have any criminal convictions (other than parking violations and juvenile offenses)? Yes____ No____

**Please be advised that all volunteers are required to undergo a criminal background check and fingerprinting (expenses covered by the program) prior to enrollment.*

If yes, please describe _____

Please list any hobbies, skills, or talents: _____

Are you bi-lingual? Yes____ No____ If yes, what language(s) do you speak? _____

Where did you hear about the Foster Grandparent Program? (Please check one):

Newspaper Ad ____ TV ____ Friend ____ (Name _____) Other _____

What qualities do you possess that make you feel you would be a successful Foster Grandparent?

Please list any memberships/clubs/organizations you belong to:

Primary Care Physician: _____

Address: _____ Phone: _____

Please list TWO references below (not relatives):

1. _____
Name Relationship to candidate Phone #

2. _____
Name Relationship to candidate Phone #

Name of Beneficiary: _____ Relationship: _____

Address _____ Phone: _____

FOR OFFICE USE ONLY

ANNUAL INCOME SOURCES AND AMOUNTS FOR CURRENT YEAR:

Social Security: \$ _____ Verified by: _____

Pension/Retirement: \$ _____ Verified by: _____

Stocks/Bonds: \$ _____ Verified by: _____

Other (explain): \$ _____ Verified by: _____

TOTAL: \$ _____

DEDUCTIONS: \$ _____ = **ANNUAL INCOME:** \$ _____

Total number of persons in household _____

Staff Initials: _____ Applicant's Initials: _____

Date: _____

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Annual Out of Pocket Expenses:

Health Ins. Prem. \$ _____

Prescription Drugs \$ _____

Doc. Visits/ Med Bills \$ _____

Other \$ _____

TOTAL \$ _____

Please be aware that we will not discriminate against FGP volunteers or in the operation of its program on the basis of race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service.

By signing below, I certify that the above information is correct and understand that falsification of information may result in termination from the program. I also understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

I understand that all Foster Grandparents are mandated to undergo a criminal background check process as per our federal funding guidelines, and I am aware that the results are kept confidential. I understand that my participation in the program is contingent upon clearance of these results, and Federation of Organizations reserves the right to deny continued participation in the program after the results have been received and reviewed.

Signature: _____

Date: _____