

FOSTER GRANDPARENT PROGRAM

P.O. Box 1026, 175 Main Street
Battle Creek, Michigan 49016
Tel: (269) 965-7768
Toll Free Tel: 1-877-422-2726

Foster Grandparent Program Application

PERSONAL INFORMATION			
Date of Application		Name (Please print legibly)	
Address, City, State, Zip Code			(Area Code) Phone Number
Date of Birth		Social Security Number	Medicare Number
Medicaid Number		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your spouse a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a car with auto insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Schooling Completed (Please circle): K 1 2 3 4 5 6 7 8 9 10 11 Some college
How did you hear about the Foster Grandparent Program?			
What is the general condition of your health? Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		Do you have any known physical limitations? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please explain physical limitations:
Previous Occupations:			
Why Would you like to become a Foster Grandparent?			
HOUSEHOLD INFORMATION			
Do you: Rent <input type="checkbox"/> Own your home <input type="checkbox"/> Live with relatives <input type="checkbox"/> Other <input type="checkbox"/>			
Number of people living in your house:		List everyone living in your house (other than yourself) and their relationship to you:	
INCOME			
	Your Monthly Income	Spouse's Income	Other
Social Security	\$	\$	\$
S.S.I	\$	\$	\$
Pension/Annuity	\$	\$	\$
Other (wages, interest)	\$	\$	\$
Total	\$	\$	\$
Office Use only:	Total Monthly Income of Entire Household: \$	Total Annual Income of Entire Household: \$	

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REFERENCES

Please include 2 character references (not relatives)

Name	Street Address City, State, Zip	Telephone Number	Relationship

CRIMINAL RECORD

Have you ever been convicted of a crime or plead guilty to a crime? No ☐ Yes ☐

Are there any felony charges currently pending against you? No ☐ Yes ☐

The Agency does not discriminate based upon any conviction. However, any conviction will be considered relative to the volunteer position.

VOLUNTEER APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and belief. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for volunteer work and may result in dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment (including volunteer work) and/or educational background, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations or companies requesting or supplying such information and waive any right to notice of such disclosure.

I further understand that I will be required to submit to criminal background screens and that the results may disqualify me from volunteer work with Community Action.

I further understand and agree that my position as a Foster Grandparent Volunteer is for no definite period, and may be terminated at any time without any previous notice.

Date: _____ Applicant's Signature: _____