## **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					
	☐ Partner ☐ Widow(er) ☐ Single ☐ Divorced ☐ Legally separated					
• Where did you hear about	t The Foster Grandparent Program?					
Senior Center Seni	ior Meal Site Senior Employment Agency Church Doctor					
☐ Friend/Neighbor ☐ AARP ☐ Other ☐						
	becoming a Foster Grandparent volunteer?					
Please describe any previous	ous volunteer experience:					
What experiences have you	ou had working and/or volunteering with children?					
Do you have any special sl	kills 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 in	formation:					
☐ I have NEVER been arrested or convicted of any sexual crime(s)						
I have NEVER been arrested or convicted of murder						
	hal background check including fingerprints and a National Sex Offender					
• •	lerstand that false statements about my criminal history will make me Foster Grandparent Program.					
☐ I do have a record. Pleas	so ovnlain:					
	se explain.					
References: Please list 3 of	character references that we may contact (do not list relatives):					
1 Name :	Phone:					
Email:	Relationship:					





References – continued							
<sup>2</sup> Name:	me: Phone:						
Email:	: Relationship:						
<sup>3</sup> Name:	Phone:						
Email:		Relationship:					
Age and income verification Corporation for National & Communder federal income and age gu	nunity Servi	ce, Foster Grandpar	rent Program	to qualify volunteers			
Date of Birth: / / /	Number in h	ousehold supporte					
Monthly income:	Self	<b>Spouse</b> (same residen	ce) Out-of-poo	Monthly Medical Expenses Out-of-pocket medical expenses for			
Social Security Benefits:	\$	\$\$		our spouse are deductible ne and may help you			
Supplemental Security Income (SSI):	\$	\$\$	qualify for	qualify for the program:  Health Ins premiums: \$  Prescriptions: \$  Health care services: \$			
Income from pensions:	\$	\$					
Annuities, stocks, bonds:	\$	\$	•				
Rental Income from real estate:	\$	 \$	Other co-p	<u>·</u>			
Interest:	\$	<u></u> \$	(Please des	, <u> </u>			
Miscellaneous Income:	\$	 \$					
Total monthly income:	\$	\$					
FOR INTERNAL PURPOSES							
Total ANNUAL Income: \$	MINU	<b>JS</b> Annualized out of pocke	et medical expense	es: \$			
= ANNUAL INCOME: \$		Current A	Age:				
☐ Income okay ☐ Above income	Age okay	Younger than 55	Initials:	Date:			
Certification I certify that I have answered truthful application. I understand that any mist consideration. I further understand the Aging, Disability & Veterans Services (known to ADVSD will result in terminal when discovered. I agree to complete such additional reapplication and my ability to serve as If accepted into the Foster Grandpare will adhere to these to the best of my at any time, with or without cause and	srepresentation at if accepted (ADVSD), any ation and discelease forms to a Foster Grant Program, I and a bility. I under	on will result in my be d for a Foster Grandpa material misrepresen qualification as a Fost that ADVSD may requ adparent volunteer. recognize the instructers	eing eliminated arent position ntations or omi er Grandparen ire to secure ir ctions, rules, ar ccepted, my po	I from further with Multnomah County ssions that become it member, regardless information related to this and policies of ADVSD and sition can be terminated			
Applicant signature:		Date:					