



Community Action of Southern Kentucky
Foster Grandparent Program
Personal Information Sheet



Name: _____

Emergency Contact Person:

1. Name _____

Address _____

Phone: _____

2. Name _____

Address _____

Phone: _____

Personal Physician: _____

Address _____

Phone: _____

Beneficiary Information

*As a volunteer with the Foster Grandparent program, I _____
do hereby designate*

name _____

address _____

phone: _____ *Relationship* _____

as beneficiary in the event of my death as stated under the terms of CIMA Insurance
provided by Community Action of Southern Kentucky, Inc. Foster Grandparent Program.

