



Community Action of Southern Kentucky, Inc.
FOSTER GRANDPARENT PROGRAM



VOLUNTEER APPLICATION

Name _____
Last First M. Social Security #

Address _____
Street City State Zip

Phone _____ Age _____ Birthday ____/____/____ Education Level _____

RACE: Circle one (optional) Caucasian (White) African American American Indian Asian Hispanic

Are you: Male or Female Language(s) spoken _____

___Married ___Single ___Widowed ___Divorced Previous Occupation (s) _____

Do you drive? YES NO

If yes Driver's License # _____ Insurance Policy _____

If no, what form of transportation do you use? _____

When would you be willing to serve? Morning _____ Afternoon _____

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

Have you been charged with other criminal convictions (other than parking violations and juvenile offenses)?

YES NO If yes, please explain: _____

List any physical or personal circumstances that you feel we should know about when reviewing your application: _____

HEALTH CONDITION (Check one) Excellent _____ Good _____ Fair _____ Poor _____

Are you currently under a doctor's care? If yes, please explain _____

Name of Physician _____ Phone number _____

EMERGENCY CONTACT PERSON:

Name _____ Relationship _____

Address _____ Phone _____

TOTAL NUMBER OF PERSONS IN YOUR HOUSEHOLD _____ (include yourself)

LIST TOTAL HOUSEHOLD INCOME PER MONTH

LIST TOTAL HOUSEHOLD EXPENSES FOR THE MONTH

Wages \$ _____
 Social Security \$ _____
 SSI/Disability \$ _____
 Pension/Retirement \$ _____
 Rental properties \$ _____
 Interest \$ _____
 Stocks/Bonds \$ _____
 Other (Explain) \$ _____
 TOTAL INCOME \$ _____

Prescriptions \$ _____
 Medical Expenses \$ _____
 Insurance (Health, Medicare, etc.) \$ _____

TOTAL EXPENSES \$ _____

	For Office Use Only	
Income	_____	Stipend _____
Expenses	_____	Non-
TOTAL	_____	Stipend _____

Please provide three character references (not relatives).

NAME

ADDRESS

CITY

PHONE

1. _____
2. _____
3. _____

Tell us why you would like to be a Foster Grandparent _____

How did you learn about the Foster Grandparent Program? ___Word of Mouth ___Newspaper ___TV
___Pamphlet ___Another Volunteer ___Host Site (i.e. school, senior center) ___Other _____

- I will maintain a valid driver's license if I drive a vehicle during my volunteer assignment.
- I will maintain the minimum Auto Liability Insurance required by the State of Kentucky if I drive my vehicle to and from a Volunteer Station Site.
- If and/or when any of these conditions change, I will notify the Foster Grandparent staff immediately.

I certify that the above information stated is correct and understand misrepresentation of false or omitted facts, whenever discovered, may result in rejection of this application or dismissal from the program.

I authorize the Foster Grandparent Program to contact the personal references listed above.

Applicant Signature

Date

Program Director's Signature

Date

Please submit application to:
Foster Grandparent Program
P.O. Box 90014
Bowling Green, KY 42102-9014
(270) 782-3162

For Office Use Only
 Date Received _____
 References checked _____
 Approved for Pre-Service _____

