



Community Action of Southern Kentucky, Inc

FOSTER GRANDPARENT PROGRAM

VOLUNTEER APPLICATION

New Volunteer			Current Volunteer File Update
NameLast	First	М.	Social Security Number
Address			
Street		City	State Zip
Phone	Age	_ Birthday//	Education Level
Email Address			Are you a veteran? YES NO
RACE: Circle one (optional) Caucasian (White) African America	n American Indian Asian Hispanic
Are you: Male or	Female	Language(s) spoken
MarriedSingle _	Widowed _	Divorced Previous	Occupation(s)
If yes : Driver's License #, o Auto Insurance Policy Nam Exp. Date If no , what form of transpor	e		
back of application for added Have you been charged with	space.) other criminal co	onvictions (other than park	ase explain:(Use ting violations and juvenile offenses)?
List any physical or personal	circumstances th	nat you feel we should kno	w about when reviewing your
application:			
HEALTH CONDITION (C	neck one) E	xcellent Good	_ Fair Poor
Are you currently under a doo	ctor's care? If y	es, please explain:	
Name of Physician		Phone number	
C:\Users\CASOKY\Downloa	ads\FGP volunte	er application 5.23.doc	Rev 8/2/2021

EMERGENCY CONTACT PERSON:

Name		Relationship			
Address		Phone			
Name		Relationship			
Address		Phone	Phone		
BENEFICIARY INF	FORMATION:				
	, do he der the terms of CIMA Insurance indparent Program				
Name Relationship					
Address	Phone:				
LIST <u>TOTAL</u> HOUSEHO Wages Social Security SSI/Disability Pension/Retirement Rental properties Interest Stocks/Bonds Other (Explain) TOTAL INCOME	ERSONS IN YOUR HOUSEHOLD pLD INCOME <u>PER MONTH</u> LIS \$ d like to be a Foster Grandparen	ST <u>TOTAL</u> HOUSEHOLD <u>EXPEN</u> Prescriptions Medical Expenses Insurance (Health, Medicare, o TOTAL EXPENSES For Office Income Expenses TOTAL Initials of Reviewer	\$ \$ etc.) \$ \$ Use Only Stipend Non- Stipend 		
Please provide three	character references (not relativ	es).			
<u>NAME</u>	ADDRESS	<u>CITY</u>	PHONE		
1					
3					
How did you learn ab	out the Foster Grandparent Prog	ram?			

 $C: \label{eq:cases} CASOKY \ \ Downloads \ \ FGP \ volunteer \ application \ 5.23. doc \ \ \ Rev \ 8/2/2021$

Word of Mouth	Newspaper	TV	_Brochure	Another	Volunteer
Host Site (i.e. school,	senior center)	Advertiser	ment	Walk-in	Other
VOLUNTEER SITE PREFE	RENCE				
County of residence:		Prefe	rred age gro	oup:	
Preferred site:					

PHOTO/VIDEO RELEASE

I hereby grant CASOKY FGP the right to use/publish/reproduce, in any form, and give title or caption to my likeness in photographs/video in any and all publications, my name for publicity, advertising purposes or in any other legitimate way whether now known or hereafter existing, controlled by Community Action of Southern Kentucky, in perpetuity. My consent is given with the knowledge that CASOKY Inc, will incur expenses in connection with publications and usage of my name. I will make no monetary or other claim against CASOKY FGP for usage.

Yes I give permission (Signature)_____

No I DO NOT give permission (Signature)

- 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.

	Date	For Office Use Only: Start Date
Applicant Signature		Date Received
	Date	References checked
Program Director's Signature	D uto	Approved for Pre-Service
		Background check Complete
		Physical Exam Complete
		TB Test Complete

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