

EMERGENCY CONTACT PERSON:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

BENEFICIARY INFORMATION:

I _____, do hereby grant the following as my beneficiary in the event of my death as stated under the terms of CIMA Insurance, provided by Community Action of Southern Kentucky, Inc and the Foster Grandparent Program

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 _____
Initials of Reviewer	_____	

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

Please provide three character references (**not relatives**).

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>PHONE</u>
1.	_____			
2.	_____			
3.	_____			

How did you learn about the Foster Grandparent Program?

_____ Word of Mouth _____ Newspaper _____ TV _____ Brochure _____ Another Volunteer
_____ Host Site (i.e. school, senior center) _____ Advertisement _____ Walk-in _____ Other

VOLUNTEER SITE PREFERENCE

County of residence: _____ Preferred age group: _____

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 _____
Applicant Signature

_____ Date _____
Program Director’s Signature

For Office Use Only: Start Date _____
Date Received _____
References checked _____
Approved for Pre-Service _____
Background check Complete _____
Physical Exam Complete _____
TB Test Complete _____