



# FGP/SCP Volunteer Application

1510 14<sup>th</sup> Street, Rock Valley, IA 51247

PH: 712-476-2628

Fax: 712-451-6889

Name (First, Middle, Last): <b>**Copy of photo i.d. must accompany application.</b>				Date:	
Maiden Name or Other Surnames Previously Used:			Home Phone Number:		
Address (Street, City or Town, Zip Code):				Cell Phone Number:	
Email Address (if applicable):		Birth Date:	Age:	Are you a US Citizen:	
Social Security Number:	Church Afflictions/Member:		Local Newspaper:		
<input type="checkbox"/> Married: spouse's name _____ <input type="checkbox"/> Single <input type="checkbox"/> Widowed			Years of school completed:		
Previous Occupation:		Are you or your spouse a Veteran? If yes, which Branch:		Number of persons living in your household:	
Special Interests, Skills, Hobbies:				Type of transportation plan to use:	
Membership in Senior Clubs or organizations:			Language (s) spoken:		
Which program Foster Grandparent or Senior Companion Program are you interested in and why?					

## Emergency Contact Information

Name of Contact Person:		Phone:
Address:		Relationship:
Name of Physician:		Phone:
Address:		Hospital of Choice:

## Physical Condition:

Excellent: _____	Good: _____	Fair: _____	Poor: _____ {Please explain}
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## Yearly Income Sources and Amounts

Yearly income is projected for the upcoming 12 months. Applicant's income and that of the whole household, if spouse/significant other lives in the same residence, must be included.

1. Social Security Benefits .....	(per month \$ _____) .....	\$ _____	/year
2. Public Assistance, SSI .....	(per month \$ _____) .....	\$ _____	/year
3. Income from annuities .....	(per month \$ _____) .....	\$ _____	/year
4. Income from pensions .....	(per month \$ _____) .....	\$ _____	/year
5. Rent received from real estate (net income) .....	(per month \$ _____) .....	\$ _____	/year
6. Interest received .....	(per month \$ _____) .....	\$ _____	/year
7. Income from stocks/bonds .....	(per month \$ _____) .....	\$ _____	/year
8. Food Stamps .....	(per month \$ _____) .....	\$ _____	/year
9. Other income (list sources below) .....		\$ _____	/year
_____	(per month \$ _____)		
_____	(per month \$ _____)		
<b>Total Income for the Year.....</b>		\$ _____	/year

### List Two Personal References (Not Relatives)

Name and Address, City:	Phone Number:	Relationship:
Name and Address, City:	Phone Number:	Relationship:

### Disclosure Statement

Have you ever been convicted of a felony, crime or misdemeanor other than parking violations and juvenile offenses?

Please circle one:            YES      NO                            If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you even been charged with neglect, abuse or assault?                            Please circle one:            YES      NO

If yes, please explain: \_\_\_\_\_

Read carefully before signing:

I hereby consent to permit Foster Grandparent and Senior Companion Programs to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I hereby give permissions for Foster Grandparent and Senior Companion Programs to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI) and an Iowa child, independent adult, and sexual offender abuse registries with the Dept. of Human Services. Any information maintained may be released as allowed by law. Participation in the Foster Grandparent or Senior Companion Programs is contingent upon criminal history and abuse registries review.

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

### Service Agreement Statement

I, the undersigned, hereby state that if accepted as a Foster Grandparent or Senior Companion, I agree to the following:

- 1) Abide by the service polices of the program and that of its volunteer stations;
- 2) Communicate regularly with program and volunteer station staff;
- 3) Attend required pre-service orientation and training, monthly in-service trainings and participate regularly in program-related activities and functions.
- 4) Commit to serve a minimum average of 15 hours per week, if eligible for stipend reimbursement.

Signature:	Date:
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Personal Information about volunteers contained on this enrollment form, such as home addresses, social security numbers, etc., may be disclosed **ONLY** with the **expressed prior authorization** of the volunteer.

Please submit to: Foster Grandparent or Senior Companion Programs  
 1510 14<sup>th</sup> Street  
 Rock Valley, IA 51247  
 Phone: (712) 476-2628 Fax: (712) 476-6889  
[www.rvrseniorvolunteerprograms.org](http://www.rvrseniorvolunteerprograms.org)

<b>OFFICE USE ONLY:</b> Signature FGP/SCP Staff Reviewer		Date:
Volunteer Eligible: YES _____ NO _____	Stipended _____ Non- Stipended _____	
Photo ID Attached: YES _____ NO _____		



Rotary Club of Rock Valley Foundation, Inc. - Sponsor of the  
**Foster Grandparent  
and Senior Companion Programs**  
1510 14th St., Rock Valley, IA 51247  
712-476-2628



## **Volunteer Agreement**

### **Photo Release**

I authorize the RVR Foster Grandparent and Senior Companion Programs to photograph me and give them the absolute right and unrestricted permission to copyright, publish and/or use such photographs; in whole or part of, or composite for use in RVRFGP/SCP publications.

I waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection with, or the use to which it may be applied.

I release, discharge and agree to hold harmless RVRFGP/SCP from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing tending toward the completion of the finished product.

### **Confidentiality**

As a Foster Grandparent or Senior Companion, I realize that I have an obligation to keep in confidence all information about the individuals I serve. I realize that NO CONFIDENTIAL INFORMATION is to be revealed or discussed with anyone not entitled to receive it; even telling the last name of children or clients is considered a breach of confidentiality. I understand that revealing confidential information is not acceptable and could result in disciplinary action (written reprimand, suspension or termination).

### **Beneficiary Information**

In the event of my death, I instruct the Rock Valley Rotary Foster Grandparent /Senior Companion Programs to send my check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

\_\_\_\_\_  
Foster Grandparent/Senior Companion Signature

\_\_\_\_\_  
Date



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### Auto/Driver Information

Name: \_\_\_\_\_

1. Do you regularly drive to your site?  Yes  No
2. Do you occasionally drive to your site or to inservice?  Yes  No
3. Are you claiming mileage reimbursement from the Foster Grandparent or Senior Companion Programs?  
 Yes  No

If you answered "Yes" to **any** of the above questions then please continue.

If you answered "No" to **all** of the above questions, then please sign and date the bottom of this form.

\_\_\_\_\_

In order for us to pay mileage reimbursement we need to have the following information. If we do not have this information we are **not** allowed to pay out any mileage.

Name as it appears on your Driver's License: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

We also need a **copy of your photo I.D.** and **proof of insurance** for our records. We can do this in a couple of ways.

1. You can stop in the office and we can make a copy.
2. We can make a copy at inservice.
3. You can call your insurance agent and have them mail us a copy.

\_\_\_\_\_  
 Foster Grandparent/Senior Companion Signature

\_\_\_\_\_  
 Date