



# FGP/SCP Volunteer Application

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

PH: 712-476-2628

Name (First and Last): <b>**Copy of photo i.d. must accompany application.</b>			Date:		
Address (Street, City or Town, Zip Code):			Phone Number:		
Email Address (if applicable):		Birth Date:	Age:	Birth Place:	
Social Security Number:	Church Affiliation/Member:		Local Newspaper:		
<input type="checkbox"/> Married: spouse's name _____ <input type="checkbox"/> Single <input type="checkbox"/> Widowed			Years of school completed:		
Previous Occupation:			Number of persons living in your household:		
Special Interests, Skills, Hobbies:			Type of transportation you plan to use:		
Membership in Senior Clubs or organizations:			Language(s) spoken:		
Why you wish to be a Foster Grandparent or Senior Companion:					

## 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}
_____			

### Yearly Income Sources and Amounts

Yearly income is projected for the upcoming 12 months. Applicant's income and that of his/her spouse, if spouse 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> .....		<b>\$ _____/year</b>

### 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 the 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 permission for the Foster Grandparent and Senior Companion Programs to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI) and 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 policies 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) 476-3457  
[www.rvrseniorvolunteerprograms.org](http://www.rvrseniorvolunteerprograms.org) email: [info@rvrseniorvolunteerprograms.org](mailto:info@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 _____	