



VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE Date of application: _____

Name First, Middle, Last: _____

Address Number, Street: _____

City, State, Zip: _____

Phone Number _____ Male Female

Date of Birth _____ Marital Status _____ Years of school completed _____

Email address _____

What kind of transportation would you plan to use? Private Car Public Transport

Do you have a valid Wyoming Driver's license Yes No **If yes, please include a photocopy of your auto insurance card AND driver's license!**

If you drive, you must maintain a current valid driver's license and maintain the minimum state requirements for personal liability insurance. Do you agree to this? **Please sign here, if you agree:** _____

Note: If you don't have a valid driver's license, please provide a copy of a government-issued PHOTO ID.

Can you serve the required minimum 15-20 hours a week? Yes No
If yes, when can you begin? _____

While our sponsor does not require a COVID-19 vaccine as a condition for acceptance into the Foster Grandparent Program, some schools or sites may. To aid with you possible placement, please check below.

___ I have the vaccine and would agree to share my vaccination card.

___ I intend on getting the vaccine and would agree to share my vaccination card.

___ I do not intend to get the vaccine.

The Foster Grandparent Program is required to make yearly income verification of all Foster Grandparents participating in the program. Please fill out this form as completely as possible, listing all sources of income. This information is kept confidential.

NOTE: The Foster Grandparent Program stipend is non-taxable and will not affect any elderly benefits you are now receiving, and is not reported to IRS.

PLEASE LIST SOURCES AND AMOUNTS FOR **PROJECTED MONTHLY** INCOME FOR YOURSELF AND YOUR SPOUSE.

SOCIAL SECURITY	\$ _____	Total number of persons* in household _____
SSI	\$ _____	
PENSION/RETIREMENT	\$ _____	*Spouse and children under the age of 18 that are under your guardianship. _____
STOCKS/BONDS	\$ _____	
ALIMONY	\$ _____	
FOOD STAMPS/OTHER (EXPLAIN)	\$ _____	
TOTAL	\$ _____	

****Do you expect to pay any out-of-pocket in medical expenses this year?**

No Yes

**Allowable medical expenses are health insurance premiums, health expenses, health care services, and medications provided to you/spouse and were not and will not be paid for by Medicare, Medicaid, other insurance, or by any other third party.

Physical Condition: Excellent Good Fair Poor

Please explain any restrictions _____

Language(s) spoken _____

Do you have any criminal convictions (other than parking violations and Juvenile offenses?)

Yes No

If yes, please describe _____

Are you a veteran? Yes No (circle one)

You are required to complete 2 fingerprint cards; information will be sent to you after your application is approved. Please sign/date that you agree to a full background check (FBI, State of Wyoming, and a search of the National Sex Offender Public Website) and understand that selection to the program is contingent upon results, and that if you have been convicted of murder or are a registered sex offender, you are ineligible to work or serve in this position. _____ Date: _____

You are required to participate in training throughout the year. Please initial that you will comply _____.

Please list three character references who are **not relatives**. You may use only one current **Foster Grandparent** as a reference:

1. Name _____ Daytime Phone _____
2. Name _____ Daytime Phone _____
3. Name _____ Daytime Phone _____

Applicant's Statement

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision.

This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are still being accepted. The applicant understands that neither this document nor any other offer constitutes a contract unless a specific document to that effect is executed in writing.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Foster Grandparent Program.

Signature of Applicant

DATE (OVER)

PLEASE SUBMIT YOUR APPLICATION TO ONE OF THE FOLLOWING:

Email: maryalice@actionresources.ngo

Mailing Address:
Foster Grandparents of the Wyoming Rockies
PO Box 536
Laramie, WY 82073
307.223.1051

*Ethnic Group: You do not need to answer if you do not want to!
If you choose to answer, please circle one:*

American Indian

Alaskan Native

Asian

Pacific Islander

Black (Not of Hispanic Origin)

Hispanic

White (Not of Hispanic Origin)



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