

**VOLUNTEER APPLICATION**

PLEASE PRINT OR TYPE

Date of application: \_\_\_\_\_

First, Middle, Last Name. \_\_\_\_\_

Mailing address \_\_\_\_\_

Address      City      State      Zip code

Email Address: \_\_\_\_\_ D.O. B \_\_\_\_\_

Years of school completed. \_\_\_\_\_ Phone(s) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Are you a Veteran? \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

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

Do you have a valid Wyoming Driver's license Yes No Please include a photocopy of your

1. driver's license or a government-issued photo ID, and 2. auto insurance card.

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: \_\_\_\_\_

Can you serve the required minimum 15-20 hours a week?    Yes    No

**Income Verification**

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 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              |  |
| SSI                          |  |
| Pension / Retirement         |  |
| Stocks/Bonds                 |  |
| Alimony                      |  |
| Food Stamps/ Other (Explain) |  |

Total \_\_\_\_\_

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

\*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\_\_\_\_\_

You will be required to complete 2 fingerprint cards; instructions to proceed 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.

Signature: \_\_\_\_\_Date: \_\_\_\_\_

You are required to participate in training throughout the year.

Please initial that you will comply\_\_\_\_\_

### **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.

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Signature of Applicant

DATE

References, please list 3 Character references who are not relatives.

1. Name\_\_\_\_\_Daytime Phone\_\_\_\_\_

2. Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
3. Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Foster Grandparents of the Wyoming Rockies, Action Resources International and the Federal Government has a continuing commitment to identify and address any inequities based on race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information and military service of its programs.

Please answer the following: All information is voluntary and is NOT a precondition for acceptance into the Foster Grandparent Program. All data will be confidential.

- Ethnic Group:
- African
  - American/Black
  - Native American/Alaskan Native
  - Native Hawaiian or Other Pacific Islander
  - Asian/Asian American
  - Pacific Islander
  - Black (No of Hispanic Origin)
  - Hispanic / Latin x
  - White (Not of Hispanic Origin)
  - Two or more races



Identify as a member of the Disability Community  YES  NO  Prefer not to answer  
Identify as a member of LGBTQ+ Community?  YES  NO  Prefer not to answer  
Identify as  Female  Male  Non-Binary/Gender Fluid

**PLEASE SUBMIT ALL APPLICATION PAPERWORK TO:**

Email: [crystal@actionresources.ngo](mailto:crystal@actionresources.ngo)

OR

Foster Grandparents of the Wyoming Rockies

PO Box 536

Laramie, WY 82073

307.223.1051

Thank you for your interest in Foster Grandparents of the Wyoming Rockies

