



Volunteer Application

Please print and complete both sides of the application.

All information provided will remain confidential.

Contact Information			
Full Name (First and Last):			
Preferred Name/Nickname:			
Street Address:			Apt #:
City:	State:	Zip:	
Home Phone:	Cell Phone:	Primary Phone Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Email Address:			

Demographics			
Date of Birth: / /	Age:	Gender*:	
Preferred Pronouns*: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other:			
Race*:	Ethnicity*: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		
Highest Education Completed*:			
Marital Status*:		Are you in a military family? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, of what branch of the military?		
Transportation: <input type="checkbox"/> Own Car <input type="checkbox"/> Public Transportation <input type="checkbox"/> Access/DART/BART <input type="checkbox"/> Jitney (Check all that apply) <input type="checkbox"/> Other:			
Your Physical Condition*: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
<i>*The Foster Grandparent Program follows the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin.</i>			

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Additional Information

How did you learn about FGP? (If you were referred by a current volunteer, please name them.)

Tell us about yourself (family/work history, hobbies, special skills, etc.).

Describe your previous experience with children (work, family, volunteering, etc.).

Why do you want to be a Foster Grandparent?

Have you been convicted of a crime other than parking violations and juvenile offenses? Yes No
If yes, please describe.

Income

In order to receive a stipend, a Foster Grandparent cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds 200% of DHHS poverty guidelines.

What is your estimated monthly income from all sources? \$ _____

Signature

The information that I have given on this application is true and accurate to the best of my knowledge. I certify that falsification of information may result in my rejection from the Program. I understand that willful false statement on this form can be punished by a fine under Section 101 of Title 18, U.S.C.

Signature of Foster Grandparent Applicant

Date