



**FOSTER GRANDPARENT PROGRAM
FOR ST. CHARLES, WARREN & LINCOLN COUNTIES
VOLUNTEER APPLICATION**

Name (Please Print) _____

Home phone number _____

Mailing address _____

City _____

State _____

Zip _____

Age _____

Birth date _____

Marital status _____

Years of school completed _____

Email address: _____

Previous occupations _____

Physical Condition (your own opinion): Excellent _____ Good _____ Fair _____ Poor _____

Please explain: _____

Name of physician _____

Phone number (in case of an emergency) _____

Name of person to contact in case of emergency _____

Phone number _____

Please list current income sources and amounts:
Monthly or Yearly

Total Number of Persons in household: _____

Social Security..... _____

SSI..... _____

Annuity Income..... _____

Pension/Retirement.. _____

Net Rent Income..... _____

Interest Income..... _____

Stocks & Bonds..... _____

Other (Explain)..... _____

Total.... _____

Out of pocket medical expenses per month:

\$ _____

Estimated income for next 12 months:

\$ _____

Social Security Number:

Today's date: _____

Tell why you wish to be a Foster Grandparent: _____

What kind of transportation do you plan to use: _____

List memberships in clubs and organizations: _____

List hobbies & special skills: _____

Preference of assignment, if any: _____

Willing to serve: Mornings ____ Afternoons ____ Evenings ____

How many hours a week: _____

Do you have any criminal convictions (other than parking violations and juvenile offenses)?
Yes ____ No ____
If yes, please explain: _____

Please list two character references (not relatives)

	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Applicants Signature Date

FGP Coordinator's Signature

