

SENIOR ACTION, INC. FOSTER GRANDPARENT PROGRAM

212 West 3rd Street, Suite C Hastings, NE 68901

(402) 463-1440 Toll Free (888) 456-7859

VOLUNTEER APPLICATION

Date of Application _____

Name _____

Address _____

City State Zip Code

Telephone # Social Security #

E-mail Address

Age Birthday

Married _____ Single _____ Divorced _____ Widowed _____

Years of School Completed _____

Previous Occupation _____

PHYSICAL CONDITION

Excellent _____ Good _____ Fair _____ Poor _____

Please Explain: _____

PHYSICIAN

Physician's Name: _____ Phone # _____

Address _____

City State Zip Code

EMERGENCY CONTACT

Please list someone local who can go to your home to check on you if we have concerns, because you have not showed up to work, not answered your phone and not showed up for the van ride.

Name: _____ Phone: _____

Address: _____

City State Zip Code Relationship: _____

Do you have your own means of transportation? Yes No

If not, what kind of transportation do you plan to use? _____

IF USING YOUR OWN VEHICLE:

Claiming mileage reimbursement? Yes No

Drivers License # _____ Expiration Date: _____

Insurance Company Name: _____ Expiration Date: _____

Vehicle Make Model Year Color

Tell why you wish to be a Foster Grandparent:

Hours you prefer to volunteer: Mornings _____ Afternoons _____

Languages spoken: _____

Hobbies and Special Skill: _____

Memberships in Senior Clubs or Organizations _____

CHARACTER REFERENCES (NO RELATIVES PLEASE)

Name: _____ Phone: _____

Address: _____

City State Zip Code Relationship: _____

Name: _____ Phone: _____

Address: _____

City State Zip Code Relationship: _____

By signing below, I understand that as part of the application process, I give Senior Action, Inc. permission to run Background Checks as required by program guidelines. I also understand that selection into the program is contingent upon the organization's review of the applicant's criminal history. Program applicants have the right to challenge any findings before the agency's Board of Directors. Please include a photocopy of your driver's license and proof of insurance if using your own vehicle with this application.

Applicant Signature

Foster Grandparent Program Director

Date Received

Ethnic Group (Optional)

____ Caucasian _____ African-American _____ Hispanic _____ Native American/Alaska Native
____ Asian/Pacific Islander _____ Other, please list _____

Qualified individuals with disabilities and those from diverse backgrounds are strongly encouraged to apply. We provide reasonable accommodations for qualified individuals and conduct all activities in full accessible settings. Senior Action, Inc. Foster Grandparent program is an equal opportunity organization.