

Foster Grandparent Program Application



Date: ___/___/_____

Name: _____ Preferred Name: _____

Telephone (h): _____ (c): _____

Email: _____

Mailing Address: _____

Physical Address: _____

Are you 55 or older? Yes No Date of Birth: ___/___/_____

Marital Status: Married Single Divorced Widowed

Are you a U.S. Citizen? Yes No

Are you a Military Veteran? Yes No

Major previous occupation and volunteer roles? _____

Have you ever worked with children? Yes No

If yes, explain:

Have you fully reviewed the position description? Yes No

Can you perform the expectations of the volunteer position as described?

Yes No If "No", please explain:

How did you hear about the Foster Grandparent Program? _____

Why would you be a successful Foster Grandparent? _____

Interests

List senior clubs or other organizations of which you are a member:

List your hobbies and special skills:

Do you speak any other language? Yes No

If yes, which language(s)?

Is there anything else we should know about you?

Transportation

Do you have your own car? Yes No

If yes, please list current VT driver's license number: _____

License expiration date: ____/____/____

Auto Insurance Company and Policy #: _____

Insurance Expiration Date: ___/___/_____

****I understand that if I use my personal car in FGP service I will keep in effect automobile liability insurance equal to at least the minimum limits required by the state and that my signature on this application confirms this requirement.****

If you do not have your own car, which mode(s) of transportation you use:

Taxi Bus SSTA Other:

References & Background Check Authorization

List two character references [not relatives]:

If you have lived in Vermont less than one year, one of your references needs to be from a previous state of residence.

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Do you have any criminal convictions? Yes No

If yes, please describe: _____

Do you consent to the Tri-County Foster Grandparent Program performing a criminal history check in accordance with the federal requirements for the program and understand that if you receive a conditional offer to join the program, it will be contingent upon the results?

Yes No

Publicity Release Authorization

I, _____, give complete and unqualified permission to United Way of Northwest Vermont and its programs to use, reproduce and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice—without compensation. I understand that this material may be used, with or without my name, in print or electronic media including publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), websites or for other online content.

I certify that the information I have provided is truthful and that I agree with the statements above.

Applicant's Signature: _____

Date: _____

Program Manager's Signature: _____

Date: _____

If you have any questions, please contact:

Trezanra Robertson
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(802) 861-7823



**United Way of
Northwest Vermont**