



**FOSTER GRANDPARENT PROGRAM
OF
CENTRAL PENNSYLVANIA**
**Serving Columbia, Juniata, Lycoming, Mifflin, Montour,
Northumberland, Snyder and Union Counties**
Volunteer Application

Name _____ Date _____

Address _____ Age _____

_____ Date of Birth _____

Phone (____) _____ Soc. Sec. # _____

Email _____

Years of School Completed _____

Job Experience _____

Interests, Hobbies, etc. _____

Health: Excellent () Good () Fair () Poor ()

Medications _____

PA Drivers License Yes () No ()

Do you have a car? Yes () No ()

Is the income listed below shared with others in the household? ____Yes ____No

If yes, how many? _____

INCOME SOURCES			ANNUAL TOTAL
Social Security Benefits	Self:	Spouse:	\$
SSI Benefits	Self:	Spouse:	\$
Income from Pensions	Self:	Spouse:	\$
Income from Annuities, Dividends, Interest from Savings	Self:	Spouse:	\$
Additional Income	Self:	Spouse:	\$
Total Income			\$
Less Medical Expenses* (if needed)			
Prescription Drugs	Self:	Spouse:	\$
Health Insurance	Self:	Spouse:	\$
Over the counter drugs	Self:	Spouse:	\$
Other (Hearing aides, dentures, glasses, supplies, etc.)			
	Self:	Spouse:	\$
Total Income			\$
Total Deductions			-
Annual Income			\$



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References: Please list three people who are not related to you.

Reference #1: Name: _____
 Address: _____

 Phone: _____

Reference #2: Name: _____
 Address: _____

 Phone: _____

Reference #3: Name: _____
 Address: _____

 Phone: _____

Signature of Applicant _____ Date _____

Signature of Interviewer _____ Date _____



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I, _____, give the Foster Grandparent Program of Central Pennsylvania permission to obtain background checks which include the following:

Truescreen

- Pennsylvania State Police Criminal Background Check
- National Sex Offender Public Website
- Childline Abuse and Registry
- FBI criminal background check (fingerprinting)

I understand that because I am applying to serve in a National Service Program, I am subject to these checks. I also understand that the results may be requested by the volunteer station and shared with them.

I understand that acceptance into the Program is contingent on these findings. Offenses which would prohibit me from participating in the Program include, but are not limited to: child abuse, any offense which requires me to register my whereabouts as a sex offender and murder.

I understand that I have the right to review and challenge the factual accuracy of a result before action is taken to exclude me from the Program.

Signature of applicant

Date



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FBI FINGERPRINTING INFORMATION

The information below is needed in order for us to register you for clearances, which are required of all volunteers when joining the Program.

This information will not be shared with others. It will be attached to your application and placed in your file.

Last Name _____

First Name _____

Middle Name _____

Maiden Name _____

Place of Birth (City and State) _____

Eye Color _____

Hair Color _____

Height _____

Weight _____

Permanent Residence Since _____

Month

Year

Name as it appears on your driver's license

Race: _____