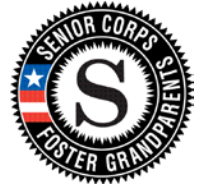




Foster Grandparent Volunteer Application



CEO - Foster Grandparent Program
2331 5th Avenue
Troy, NY 12180
518.272.6012 Fax-518.272.6020

Legal Name _____ D.O.B. _____

Phone _____ Address _____

Are you age 55 or older _____ Total Annual Income Self _____ Spouse _____

1. How were you referred to our program? Please provide person's name if applicable.

2. What interests you in being a Foster Grandparent Volunteer?

3. Are you able to commit to volunteering a minimum of 15 hours per week? _____

4. Do you have a reliable source of transportation (personal or public)? _____

5. What age group of child would you like to work with? _____ Grade? _____

6. What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday
Times:					

Please list 2 personal references not related to the applicant

Reference #1 - Name _____ Number _____

Reference #2 - Name _____ Number _____

I certify that the information furnished above is correct. I also agree to allow The Commission on Economic Opportunity to run and review the required clearances and background checks as part of the application process.

Foster Grandparent Signature

Date

10/9/2018