



# Foster Grandparent Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ # Years of School Completed: \_\_\_\_\_

Email address: \_\_\_\_\_

Person to contact in case of emergency, school, and volunteer service related issues  
\_\_\_\_\_

How are they related to you? \_\_\_\_\_ Phone#: \_\_\_\_\_

# of Persons Living in Your Home: \_\_\_\_\_

### Income Sources/Amounts:

Social Security (SSI)	\$ _____ per month	Wages	\$ _____ per month
Annuity Income	\$ _____ per month	Stocks & Bonds	\$ _____ per month
Pension Income	\$ _____ per month	401k	\$ _____ per month
Rent Income	\$ _____ per month	Other	\$ _____ per month
Interest Income	\$ _____ per month		

Total income for household \$ \_\_\_\_\_ per month (A)

**(STOP! If (A) is \$1945 a month or less, you do not need to fill out Medical Expenses Below)**

### Monthly Medical Expenses:

Health Ins. Premium	_____ per/month	Over the Counter Meds	_____ per month
Prescriptions	_____ per/month	(vitamins, calcium, allergy meds)	
Doctor visits co-pay	_____ per/month	Other	_____ per month

Total Expenses: \_\_\_\_\_ per month (B)

**TOTAL MONTHLY INCOME:** (subtract A from B) \_\_\_\_\_ (cannot be more than **\$2917** per month)

What was your previous occupation (what field did you work in?)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with children? (Please describe)

\_\_\_\_\_  
\_\_\_\_\_

Do you have any chronic illnesses or disabilities? (If so, explain)

\_\_\_\_\_

Is there an accommodation that you require related to your illness or disability? \_\_\_\_\_

Tell us why you wish to become a Foster Grandparent and why you would be successful doing so:

What kind of transportation do you plan to use?

\_\_\_\_\_ own vehicle    \_\_\_\_\_ bus    \_\_\_\_\_ taxi    \_\_\_\_\_ ride with friend    \_\_\_\_\_ other

Willing to volunteer: Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_

How did you first hear about the Foster Grandparent Program? \_\_\_\_\_

What special skills or talents do you have: (i.e. crafts, reading, math)

List any clubs or organizations of which you are a member: \_\_\_\_\_

Do you speak any other language besides English? (If so, which language?) \_\_\_\_\_

References: Please list 3 people (NOT relatives) as personal references:

Name

Phone Number

By signing below, I understand the selection to become a Volunteer Foster Grandparent is subject to the results of the background checks. I further understand that I will be provided with an opportunity to review and challenge the accuracy of any background checks before action is taken to exclude me from service with the program.

By signing below, I understand that if I use my personal automobile to and from the volunteer site, I will keep in effect automobile coverage equal to or greater than required by the State of Vermont.

By signing below, I understand what confidentiality means and I agree to respect the confidentiality of the children, their families, the volunteer site and the volunteer site staff. I understand that if I should break this confidence, I may be asked to leave the Foster Grandparent Program.

By signing below, I agree to give the FGP Program and its employees unqualified permission to use photographs of me and any personal statements I make in any publications, brochures, newsletters, bulletin boards, or any other appropriate marketing and fundraising venues for public relations relating to the Foster Grandparent Program. I expect no financial payment of any kind for this.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Return to: Foster Grandparent Program, 6 Court Street, Rutland, VT 05701  
Questions? Call 802-773-4719

Revised 8-30-14