



FOSTER GRANDPARENT PROGRAM APPLICATION

Date of Application _____ Date of Birth ____/____/____

Last Name _____ First Name _____ Middle Init. _____
(Please print)

Address _____

(City, State, Zip)

Telephone Number (Home) _____ (Cell) _____

Social Security No. _____ U.S. Citizen yes ___ no ___

U.S. Veteran yes ___ no ___ E-Mail Address _____

Have you ever been convicted of a crime? yes ___ no ___ If "yes" please explain:

Annual Income

Social Security	\$ _____
Supplemental Security Income	\$ _____
Pensions	\$ _____
Other Income	\$ _____
TOTAL INCOME	\$ _____

Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted.

Health Insurance Premiums	\$ _____	per month or	\$ _____	per year
Prescription Drugs	\$ _____	per month or	\$ _____	per year
Doctor visits/medical bills	\$ _____	per month or	\$ _____	per year
Other allowable medical costs	\$ _____	per month or	\$ _____	per year
TOTAL	\$ _____	per month or	\$ _____	per year

TOTAL ADJUSTED INCOME \$ _____

Employment Experience

- 1. _____
- 2. _____
- 3. _____

Volunteer Experience

- 1. _____
- 2. _____
- 3. _____

How did you hear about us? _____

What experience do you have dealing with children? _____

What age of children do you prefer to work with?

0-5 years_____ 6-12 years_____ young adults_____

Would you like to work with children who have special needs such as physical or emotional disabilities? Yes_____ No_____

Emergency Contact: _____
Relationship: _____
Address: _____
Telephone No.: _____

Please check one of the following:

- American Indian or Alaskan Asian Black or African American
- Hispanic or Latino Native Hawaiian or Other Pacific Islander
- Two or more races White

Please list two references (name, address, phone number) who are not related to you but are familiar with your work whom we may contact.

- 1. _____
- 2. _____

As a Foster Grandparent I hope to (check all that apply)

- | | |
|--------------------------------------|--|
| _____ Interact with children | _____ Remain active |
| _____ Develop new skills/experiences | _____ Feel that I am making a difference |
| _____ Make new social connections | _____ Earn more income |

I prefer to volunteer: mornings_____ afternoons_____ all day_____

Within the range of 15-40 hours per week, approximately how many hours do you wish to serve?_____

Please list any physical limitations to be accommodated with regard to your volunteer placement:_____

Placement as a Foster Grandparent includes free excess liability insurance coverage.

Insurance Beneficiary:_____

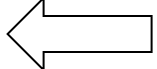
Relationship:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Automobile Insurance Company:_____

Driver's License Number:_____

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the State of Montana. _____ 

The Foster Grandparent Program and Rocky Mountain Development Council does not discriminate against or in the operation of its program on the basis of race, color, national origin, sex, age, political affiliation, religion, or on the basis of disability, if the participant or member is a qualified individual with a disability.

Please be aware that you will be asked to sign a Confidentiality Agreement (on the back of this page) and submit to Federal/State Criminal Background Checks and fingerprinting. All hiring is contingent upon positive results of these checks. You will need to have an annual physical exam and may be asked to update your immunizations.

I certify that the answers I have given in the foregoing questions are true and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. I understand any misleading or incorrect statements may render this application void and if hired would be cause for termination.

Applicant's Signature_____ Date_____

Director's Signature_____ Date_____

Statement of Confidentiality
Volunteer

I, the undersigned, understand the need for confidentiality in my position as a Volunteer.

I certify that all program required, privileged, or personal information about or obtained from children/young adults will be treated as confidential information.

No employee or volunteer may divulge any information about any recipient of services provided by the site.

Failure to adhere to this policy is cause for disciplinary action.

Confidential information may be shared **ONLY** with the volunteer's immediate supervisor.

Concerns about suspected child abuse and/or neglect must be discussed immediately with the volunteer's site supervisor.

Signature of Volunteer

Date



Rocky Mountain Development Council (RMDC)
Photo Release

RMDC feels pictures bring the **RMDC** stories to life; therefore there may be times we would like to publish your picture to help tell the **RMDC** story

RMDC has my permission to use my photograph for promotional materials produced, used by and representing **RMDC**. I understand **RMDC** may exhibit my photo to promote awareness of **RMDC** through TV, newspaper, websites and/or social media, brochures and other forms of publicity. I understand I will not be compensated for this use.

Signature of Volunteer

Date