



FOSTER GRANDPARENT – APPLICATION

INFORMATION IS REQUIRED TO MEET FEDERAL AND STATE GUIDELINES

(All information will remain confidential and used expressly for Tri-Valley Opportunity Council, Inc.)

(Eligibility to be a Foster Grandparent shall not be restricted on the basis of formal education, experience, race, religion, color, national origin, sex, age handicap, or political affiliation).

Name _____ Telephone (____) _____
Last First Middle

Address _____ Cell Phone (____) _____
Street

_____ Email Address _____
City State Zip Code

Birthdate: ____ / ____ / ____ Age: _____ Highest Grade Level complete: _____

Are you a US Veteran? _____ Are any of your family members actively serving in the military? _____

Ethnic Group: White American Indian or Alaskan Native Hispanic Black or African-American Asian

Do you prefer to serve? Children Young Adults No Preference (Answer will be considered but placement is according to the needs of the site)

Why do you wish to be a Foster Grandparent? _____

Use reverse side if necessary

How did you hear about the Foster Grandparent Program? Poster/Brochure Friend (Name _____)
Cable/TV Other _____

Income eligibility, include all person's living in your home please check one.

Less than 25,000 Between 25,000 – 50,000 Over 50,000

Have you ever been convicted of a felony? Yes No (If yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application).

Background Check Consent:

All potential volunteers will be subject to the Corporation for National and Community Service National Service Criminal History Check. These checks consist of 1) National Sex Offender Public Registry 2) Statewide Criminal History Registry and 3). FBI Criminal History Registry (which will consist of finger-printing).

Do you consent to the Foster Grandparent Program performing the above 3 National Service Criminal history checks in accordance with the Federal requirements? Yes No

Photo Identification: Please attach a photo copy of driver's license or government picture identification.

Insurance Card: Please attach a copy of Proof of Insurance if will be driving to and from site or to in-service training.

List 2 Character References below (not relatives)

1 Name _____ Telephone _____

2 Name _____ Telephone _____

I certify that, to the best of my knowledge, the information provided is correct and understand that the two character references listed above will be contacted and that I agree to have a criminal background check completed in accordance with the Federal requirements for the Foster Grandparent Program. Selection into the program is contingent on criminal background and reference checks.

Signature

Date