

**SENIOR ACTION, INC. FOSTER GRANDPARENT PROGRAM**

212 West 3<sup>rd</sup> Street, Suite C Hastings, NE 68901

(402) 463-1440 Toll Free (888) 456-7859

**VOLUNTEER APPLICATION**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone # Social Security #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Age Birthday

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Years of School Completed \_\_\_\_\_

Previous Occupation \_\_\_\_\_

**PHYSICAL CONDITION**

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Please Explain: \_\_\_\_\_

**PHYSICIAN**

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

**EMERGENCY CONTACT**

Please list someone local who can go to your home to check on you if we have concerns, because you have not showed up to work, not answered your phone and not showed up for the van ride.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Relationship: \_\_\_\_\_

Do you have your own means of transportation?  Yes  No

If not, what kind of transportation do you plan to use? \_\_\_\_\_

**IF USING YOUR OWN VEHICLE:**

Claiming mileage reimbursement?  Yes  No

Drivers License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Vehicle Make Model Year Color

Tell why you wish to be a Foster Grandparent:

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

Hours you prefer to volunteer: Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Hobbies and Special Skill: \_\_\_\_\_

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

Memberships in Senior Clubs or Organizations \_\_\_\_\_

\_\_\_\_\_

**CHARACTER REFERENCES (NO RELATIVES PLEASE)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Relationship: \_\_\_\_\_

**By signing below, I understand that as part of the application process, I give Senior Action, Inc. permission to run Background Checks as required by program guidelines. I also understand that selection into the program is contingent upon the organization's review of the applicant's criminal history. Program applicants have the right to challenge any findings before the agency's Board of Directors. Please include a photocopy of your driver's license and proof of insurance if using your own vehicle with this application.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Foster Grandparent Program Director

\_\_\_\_\_  
Date Received

**Ethnic Group (Optional)**

\_\_\_\_ Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American/Alaska Native  
\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Other, please list \_\_\_\_\_

*Qualified individuals with disabilities and those from diverse backgrounds are strongly encouraged to apply. We provide reasonable accommodations for qualified individuals and conduct all activities in full accessible settings. Senior Action, Inc. Foster Grandparent program is an equal opportunity organization.*