

# Foster Grandparents

Share Today. Shape Tomorrow.



## Volunteer Application

---

NAME TYPED OR PRINTED

---

MAILING ADDRESS, CITY OR TOWN, STATE, ZIPCODE

---

PHONE NUMBER

---

SOCIAL SECURITY NO.

---

AGE

---

BIRTHDATE

---

BIRTHPLACE

MARRIED   
WIDOWED

SINGLE   
DIVORCED

YEARS OF SCHOOL COMPLETED \_\_\_\_\_ PREVIOUS OCCUPATIONS \_\_\_\_\_

NUMBER OF PERSONS IN HOME \_\_\_\_\_

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

PHYSICAL CONDITION:

EXCELLENT  GOOD  FAIR  POOR

PLEASE

EXPLAIN: \_\_\_\_\_

---

CONTACT IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Relationship: \_\_\_\_\_

PHYSICIAN:

NAME: \_\_\_\_\_

NUMBER: \_\_\_\_\_

---

TELL WHY YOU WISH TO BE A FOSTER GRANDPARENT

---

---

WHAT KIND OF TRANSPORTATION DO YOU PLAN TO USE?

---

---

HOW DID YOU LEARN ABOUT THE FOSTER GRANDPARENT PROGRAM?

---

---

LIST MEMBERSHIPS IN CLUBS AND ORGANIZATIONS: \_\_\_\_\_

---

---

LIST HOBBIES AND SPECIAL SKILLS: \_\_\_\_\_

LANGUAGE(S) SPOKEN: \_\_\_\_\_

WILLING TO SERVE:            MORNINGS     AFTERNOONS     EVENINGS   
   SATURDAYS             SUNDAYS

DO YOU HAVE ANY CRIMINAL CONVICTIONS (OTHER THAN PARKING VIOLATIONS AND JUVENILE OFFENSES)?    YES     NO     IF YES, PLEASE DESCRIBE:

---

---

PLEASE LIST TWO CHARACTER REFERENCES (NOT RELATED)

	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>PHONE</u>
1.	_____			
2.	_____			

SIGNATURE: \_\_\_\_\_

PLEASE SUBMIT TO: FOSTER GRANDPARENT PROGRAM  
P. O. BOX 60050  
SAN ANGELO, TX 76906  
(325) 223-5704 or toll free at (877) 944-9666  
Fax: (325) 223-8233