

Catholic Social Services

Foster Grandparent Program

VOLUNTEER APPLICATION



|  |  |
| --- | --- |
|  | |
| Legal Name (Last) (First) (Middle Initial) | |
| Present Address (Street) (City) (State) (Zip) How Long? | |
| Home Telephone Cell Telephone | |
| Email Address | |
| Date of Birth | Are you a veteran?  [ ] Yes [ ] No |
| Number of people in household AND household income for the year? | Social Security Number |
| Have you served as a foster grandparent in the past? | How did you hear about us? |
| What kind of transportation will you use to get to and from your school/site station?  [ ] Own car [ ] Bus  [ ] Taxi [ ] Walk  [ ] Carpool with another volunteer who drove [ ] Other | |

Why do you wish to be a foster grandparent volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What previous volunteer experience do you have? Any with children?

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

Availability

1)      How many hours per week would you prefer to serve (minimum of 20)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2)      What days/times are you available to volunteer? (check all that apply)

Please check all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Monday morning |  | Monday afternoon |
|  | Tuesday morning |  | Tuesday afternoon |
|  | Wednesday morning |  | Wednesday afternoon |
|  | Thursday morning |  | Thursday afternoon |
|  | Friday morning |  | Friday afternoon |

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment?

Provide **Three Personal or Professional Character References** (**NOT RELATIVES**)

Name Phone Number

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reviewed by CSS staff Date

**Applicant Statement**

I certify that all information I have supplied in this application and in any form, oral or written, is true, complete and accurate. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient reason to (a) cancel further consideration of this application or (b) immediately terminate me from Catholic Social Services’ Foster Grandparent Volunteer Program, whenever that is discovered.

I expressly authorize, without reservation, the Foster Grandparent Volunteer Program, its representatives, employees, and/or agents to contact and obtain information from all references, public agencies, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or interview. I also give permission for criminal history checks necessary for service and a record check from the National Sex Offender Public Registry I hereby waive any and all rights and claims I may have regarding Catholic Social Services, its representatives, employees, and /or agents for seeking, gathering, and using such information in the volunteer process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that selection into the program is contingent upon the organization's review of my criminal history, if any. I understand I have the opportunity to review and challenge the factual accuracy of the results before I am excluded from the program. If appropriate, I may request a meeting with Foster Grandparent Volunteer Staff to discuss the results and review my options.

I understand Catholic Social Services does not unlawfully discriminate in participating in the Foster Grandparent Volunteer Program and no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by applicable local, state or federal law.

I understand COLSCSS maintains a drug-free workplace and agree that maintenance of same is essential to the safety of the workplace, volunteers, and employees. I promise to abide by the agency’s policies prohibiting the use or possession of drugs, alcohol or any controlled substances or the misuse of prescribed or over-the-counter medication on agency premises or while on duty.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT VERY CAREFULLY.

**I certify that I have read, fully understand or have had the opportunity to ask questions to gain understanding, and accept all terms of the foregoing Applicant Statement.**

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

(Signature of Applicant) (Date)

Please return to:

Catholic Social Services

Foster Grandparent Program

197 E. Gay St., Columbus, OH 43215

PH: (614) 857-1225