

APPLICANT INFORMATION					
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Name			
Address	Street/Box Number		City	State	Zip Code
					County
Home Phone	Mobile Phone		Text?		<input type="checkbox"/> Yes
Email Address	Shirt Size				
Date of Birth	What is your current age? <i>(You must be age 55 or older to enroll in this program)</i>				
How did you hear about the Foster Grandparent Program?					
Have you resided in any state other than Texas?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, which state?		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Veteran		
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White		
Highest level of education completed:		<input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate/Professional Degree <input type="checkbox"/> Other			
If possible, please include a copy of Driver's License or State-Issued Photo ID					
Driver's License Number		Exp. Date	State	Insurance	
Method of Transportation		<input type="checkbox"/> Own Car <input type="checkbox"/> Ride with Friend <input type="checkbox"/> TAPS			
Number of person(s) living in household:		Relationship to you:			
Have you ever been convicted of a felony?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:		
Do you use any illegal drugs according to Texas statutes?		<input type="checkbox"/> No <input type="checkbox"/> Yes	Would you prefer to serve in the AM or PM?		
Physical Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		I prefer to serve children between the ages of:		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Why do you want to be a Foster Grandparent?					
Previous Occupation(s) and/or volunteer experience:					
Special skills, certifications, hobbies, and/or interests:					
HOUSEHOLD INCOME <i>(Documentation will be required to verify eligibility.)</i>					
Social Security (Monthly)		Other Household Income (Monthly)		Total Monthly Income	Annual Income <i>(Monthly x 12)</i>
Annual Medical Expenses <i>(Out-of-Pocket)</i>		Annual Income <i>(Less Medical Expenses)</i>		Total Annual Income <i>(Annual Income less Medical Expenses)</i>	
FOR OFFICE USE ONLY - INCOME VERIFICATION					
Senior Corps Staff Signature			Date		

CHARACTER REFERENCES (OTHER THAN RELATIVES)						
Reference #1	Reference Name			Phone Number		
	Mailing Address			City	State	Zip Code
		Street/Box Number	City	State	Zip Code	County
Reference #2	Reference Name			Phone Number		
	Mailing Address			City	State	Zip Code
		Street/Box Number	City	State	Zip Code	County
Reference #3	Reference Name			Phone Number		
	Mailing Address			City	State	Zip Code
		Street/Box Number	City	State	Zip Code	County

*Please let us know if there any special accommodations needed to assist you in service.*

APPLICANT CERTIFICATION	
<p>I understand that volunteering for the Foster Grandparent Program is a firm commitment to serving the minimum hours required. Program acceptance is contingent upon meeting all CNCS requirements. I certify that I am at least 55 years of age and, if applicable, I maintain automobile liability insurance equal to or greater than the minimum required by state law. I certify that to the best of knowledge all information on this application is true and correct.</p>	

Applicant's Signature

Date

CRIMINAL HISTORY BACKGROUND CHECK CONSENT					
Name				Date of Birth	
Address					
	Street/Box Number	City	State	Zip Code	County
Home Phone			Phone Number		

I hereby give my permission to the Texoma Senior Corps Program to obtain information relating to my criminal history record through the National Service Criminal History Check process which includes information obtained through up to three components:

- 1) the National Sex Offender Public Website (NSOPW),
- 2) the Texas Department of Public Safety, and
- 3) a fingerprint-based FBI check through their specific databases or through CNCS-approved vendors such as <Fieldprint and Truescreen agencies.

The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/vollunteer position with this Senior Corps authorized grantee organization. I understand that if I have been convicted of murder or required to register as a sex offender, I am ineligible to work or serve in this position. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

I do, for myself, heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Texoma Council of Governments and its entities, directors, employees and agents, harmless for any and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

--	--

Signature

Date