

FOSTER GRANDPARENT PROGRAM
APPLICATION FORM

Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Married: _____ Single: _____ Widowed: _____ Divorced: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Number of children: _____ Number of grandchildren: _____ Number of great-grandchildren: _____

Are you a Veteran of the US Armed Forces Services? _____

Do you have family members actively serving in the military? _____

Where did you first hear about the Foster Grandparent Program? _____

What makes you feel you would be a successful Foster Grandparent? _____

Have you ever worked with children? If so, where? _____

Major previous occupation? _____

List hobbies/special skills: _____

Highest grade completed in school? _____ Can you read and write? _____

Do you have your own means of transportation? _____ If so would you be willing to transport

Foster Grandparents? _____ Do you have a chronic illness or disability? _____ If so,

explain: _____

List any medication you are required to take: _____

List your preference for hours of work (ex: 8:00am – 12:00) _____

Personal Physician & Address: _____

Who to notify in case of emergency: _____ Relationship: _____

Address: _____ Phone: _____

Automobile Insurance Information

Drivers License #: _____ Expiration Date: _____

Names of Insurance Co.: _____

Policy #: _____ Name of Policy Holder: _____

Beneficiary of FGP Insurance

Name	Address	Phone

I consent to the use by FGP of my photographic likeness in pictures take for any and all purposes of said agencies, including publication of public information and recruitment purposes.

I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect my driver's license and automobile liability insurance equal to the minimum limits required by our state.

In connection with my volunteer activities as a Foster Grandparent, I agree to hold all information I may have access to about consumers or former consumers confidential and will not divulge any information to unauthorized persons. I understand that the divulging of confidential information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

Sources of Income (Monthly Amounts!)	Yourself	Spouse's	Other Household Income	Total
Social Security				
V A Benefits				
SSI				
Retirement Plan(s)				
Rental Income				
Interest Income				
Income / Odd Jobs				
Inheritance (cash)				
Other cash income				
Monthly Total:				
Yearly Grand Total:				

Number of persons living in your home? _____

I certify that to the best of my knowledge all income has been stated for the next 12 months and is correct. Also, I have read the above statements and hereby agree.

X _____
Signature Date

DO NOT WRITE IN THE SPACE FOR FGP USE ONLY

I certify the NCDL has been verified and they do have a current NCDL or NC State ID and I have verified that they are age eligible for the program. Initial: _____ Date: _____

Transportation _____	X _____
Mileage _____	(Signature of FGP Volunteer Coordinator)
Income _____	
Interviewed _____	_____
	(Date)

Please return this form to: City of Raleigh, FGP Program, PO Box 590, Raleigh, NC 27602

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life.

Senior Corps Background Checks Policies & Procedures –

Potential Foster Grandparent applicants must have a minimum of FOUR checks:

1. the National Sex Offender Public Registry (NSOPR) Check search conducted through www.nsopw.gov;
2. the City of Raleigh State Criminal History Check search conducted through the NC Administrative Office of Courts;
3. the FBI Criminal History Record Investigation (CHRI) search conducted through Fieldprint, Inc. an FBI approved channeler, AND
4. the Wake County Public School System (WCPSS) Volunteer Background Check search conducted through Carolina Info Systems

Prior Written Permission / Right to Review Results

Written permission to conduct the State Criminal History check, FBI Fingerprint check, and WCPSS Volunteer Background check will be obtained on the City of Raleigh's Foster Grandparent Volunteer Application Form. The City of Raleigh will pay for ALL COSTS associated with the background checks. Potential Foster Grandparent applicants are NOT REQUIRED to conduct their own checks. An individual refusing to undergo the Senior Corps Background Checks will be ineligible to serve.

Applicants should understand that their results will be shared with the appropriate program staff. Enrollment or continued enrollment will be contingent upon the results, and applicants will be allowed to review (and contest) their results. ALL results will be kept confidential and will be retained in the applicant's Volunteer Personnel file and in the applicant's electronic file.

Pending Results

The NSOPR will be performed and documented before training/service begins. In the event that state(s) are not reporting during the initial check, then a subsequent NSOPR check will be conducted. In the event that an application's name results in a hit, clearance will be determined by verifying the applicant's age, sex, and race. The City of Raleigh State Criminal History check, FBI Fingerprint check, and WCPSS Volunteer Background check will be initiated prior to the start of pre-service orientation.

Individuals for whom the State Criminal History results, FBI CHRI results, and/or WCPSS Volunteer Background results are pending may be enrolled, but must be accompanied by a background cleared authorized program representative to access schools and daycare centers until the results are complete. Accompaniment will cease once the applicant has cleared the State Criminal History or FBI CHRI component.

What would make someone ineligible to serve?

An individual found to be on the National Sex Offender Public Registry (NSOPR), or having been convicted of murder, is ineligible to serve.

An individual who does not receive clearance from the Wake County Public School System will be ineligible to serve.

An individual, who chooses not to share the results of their FBI fingerprint check with the City of Raleigh Senior Corps Program, within 30 days of receiving their record, will be ineligible to serve.

An individual who makes false statement in connection with the program's inquiry concerning the individual's criminal history is ineligible to serve.

If the Criminal History Check returns results that implicate criteria other than those above, the City of Raleigh Senior Corps Program has the discretion, subject to any federal civil rights laws and state law requirements, to decide whether or not the results of a criminal history background check disqualify an individual from service with the Foster Grandparents Program. The following factors will be considered: the nature and gravity of the offense, the time that has passed since the conviction or completion of the sentence, and the nature of the position.

CITY OF RALEIGH SENIOR CORPS INVESTIGATIVE BACKGROUND CHECK

Name: _____
Last First Full Middle Maiden

Driver's License Number: _____ Issuing State: _____ Home Phone # or Cell Phone #: _____

Date of Birth: ____/____/____ Sex: Male Female Race: _____

Social Security Request and Statement of Purpose: To comply with the Confidential Records Law, your Social Security number is requested because you are being considered for employment or volunteer placement with the City of Raleigh Community Services Department. The Social Security number is required to process a criminal background investigation. *If you have lived outside of North Carolina within the last 10 years, you must provide your full 9-digit Social Security number.*

Social Security Number (last 4 digits): _____

Address History: Please list residential addresses for the past 10 years. Use back of form or separate sheet, if necessary.

Current Address: _____
Street Address Length of Time at this Residence

City State Zip

Previous Address: _____
Street Address Length of Time at this Residence

City State Zip

Prior Address: _____
Street Address Length of Time at this Residence

City State Zip

Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment. The date and nature of the offense and the type of job for which you are applying will be considered. Yes No

Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment. The date and nature of the offense and the type of job for which you are applying will be considered. Yes No

If you answered "Yes" to any of the above questions, please explain the circumstances:

AUTHORIZATION FOR BACKGROUND CHECK:

I hereby certify, by my original signature below, that the information I have provided is accurate and true to the best of my knowledge and I authorize the City of Raleigh to conduct a Criminal, Sex Offender Registry, and FBI fingerprint check on my background while I am volunteering with the Housing & Neighborhoods Department. I understand that providing false statements or falsification of information will result in disqualification of employment. I understand that the City will routinely perform background checks during the period of serving as a volunteer. Information found and not previously disclosed by me, or information made available which was previously not disclosed, will be used by the City as part of the determination of my eligibility to continue in my capacity with the City. I have read and understand these requirements.

Applicant's Signature

Date

TO BE COMPLETED BY SENIOR CORPS STAFF: MM/DD/YYYY

NSOPW Conducted on:

___ Cleared
___ Not Cleared

Verified Gov't Issued ID

___ NCDL
___ State ID

NCAOC Initiated on:

___ Cleared
___ Not Cleared

FBI Check Initiated on:

___ Cleared
___ Not Cleared

WCPSS Check Initiated on:

___ Cleared
___ Not Cleared

Signature of FGP Coordinator