



The
COMMUNITY
PLACE of GREATER
ROCHESTER, INC.

Foster Grandparent and Senior Companion Volunteer Application

145 Parsells Avenue • Rochester, New York 14609

Please Print

Name: _____

Address: _____

Zip Code: _____

Phone #: _____

Social Security # _____

Age _____ **Date of birth** _____

Check One: _____ **Married** _____ **Single** _____ **Divorced**

Can You Read and Write? _____

Highest Grade Completed: _____

Major Previous / Current Occupation:

Have You Ever Worked With Children Or Frail Elders? ___Yes ___No

If yes, please explain:

How Did You Hear About The Senior Programs?

What Makes You Feel That Would Be A Successful Volunteer?

Have You Ever Applied For or Worked For The Foster Grandparent Program or Senior Companion Program? ___Yes ___No

If Yes, Please Explain:

Person to Notify In Case Of Emergency: _____

Their phone number, address and relationship to you:

Do You Have Your Own Means Of Transportation? _____Yes _____No

INCOME

There Are : _____ (Number) People in My Household Dependent on the Income Listed Below.

To The Best Of My Knowledge And Belief, the Following Are The Source And Amounts Of My Present Monthly Family Income:

Social Security: \$ _____

SSI \$ _____

Pension: \$ _____

Interest: \$ _____

Other: \$ _____

Total Yearly Salary is \$ _____

Do You Have To Pay Medical Bills, Prescriptions or Medical Insurance Not Covered By Medicare / Medicaid and / or Other Insurance? ___Yes ___No

If Yes, Approximately How Much Per Month?

Indicate Your Preference for Hours of Service:

___Mornings ___Afternoons ___ No Preference

List NAME, ADDRESS and PHONE number of 3 References (ex: Minister, Neighbor, Friend or Former Co-Worker. NO RELATIVES PLEASE)

1. _____

2. _____

3. _____

To The Best Of My Knowledge The Above Information Is True. My Signature Indicates My Permission For The Above Listed References to Be Contacted.

Signature _____ Date _____



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The Community Place of Greater Rochester, to ensure the safety of our volunteers and consumers, conducts and documents National Service Criminal History Checks on Foster Grandparents, Senior Companions and department volunteers. A National Service Criminal History Check consists of a State criminal registry check and a National Sex Offender Public Registry (NSOPR) check.

In order to apply for the Foster Grandparent or Senior Companion Program at The Community Place of Greater Rochester you *must* agree to have the above background checks done.

I _____ (**your name here**) agree to have a State criminal registry check.

Sign here: _____

Date: _____