



**NORTHWEST COMMUNITY ACTION PARTNERSHIP
CHADRON FGP
VOLUNTEER ENROLLMENT FORM**

Name _____ Date _____ Birth Date ____/____/____

Address _____
Street Town State Zip

Mailing address (if different) _____

Phone # _____ Social Security # _____ - _____ - _____ Marital status _____

Do you have a car Yes No Claiming mileage reimbursement? Yes No

Driver's License or State I.D. # _____ State _____ Exp. Date _____

If claiming mileage reimbursement, please include a copy of your proof of insurance

Are you an American citizen? Yes _____ No _____ Medicare or Medicaid # _____

Ethnic Group (Voluntary, for statistical reporting only): Hispanic Caucasian Native American/Alaskan Native
African-American Asian, Pacific Islander Other _____

Emergency Contact: Name _____ Phone _____
Address _____

Source of Income

Monthly Amount

A. S.S.I.	Self: _____
	Spouse: _____
	Dependent: _____
B. Social Security	Self: _____
	Spouse: _____
C. TANF fka AFDC	_____
D. Pensions	_____
E. Dividends	_____
F. Interest on savings	_____
G. Earnings from yourself or others in the home.	_____
H. Income from other sources from either Yourself or others in home. (Please list Sources: _____	_____

TOTAL HOUSEHOLD MONTHLY INCOME: _____
TOTAL HOUSEHOLD ANNUAL INCOME: _____

Previous occupations or volunteer activities: _____

Hobbies or special skills: _____

Language(s) spoken: _____

Special equipment needed to volunteer: Yes No

If yes, please describe: _____

Tell why you wish to be a Foster Grandparent: _____

I certify that the above information is true and correct. I understand that false information may Result in my dismissal from service as a stipended Foster Grandparent. I further understand that Being hired is contingent on the results of a criminal and sexual background check being ran on me.

Signature of Applicant

Date

Signature of FGP Program Staff

Date