

**Foster Grandparent Program, Senior Companion Program, and RSVP
Audubon Area Community Services, Inc.
Volunteer Application**

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone # _____ **Cell #** _____ **Social Security #** _____

Date of Birth _____
(*Must be age 55 or older.*)

Email address: _____

Marital Status (Circle One) Married Single Widowed Divorced Other _____

Do you own a vehicle? _____ **Do you drive?** _____ **Driver's License #** _____

Personal Identification # if non-driver _____

A photocopy of your driver's license or personal identification card must be attached to the application.

Health Condition (Circle One) Excellent Good Fair

Health Insurance (Circle One) Medicaid Medicare Medicare with Private Insurance
Private Insurance VA Benefits None

Where were you born? (City and State) _____

How long have you lived at your current residence? _____

Please list any physical or personal circumstances that you feel we should know about when reviewing your application. _____

Have you ever been convicted of a felony? _____ **If yes, please explain.** _____

Please check the program for which you would like to volunteer. _____ Foster Grandparent
_____ Senior Companion
_____ RSVP
_____ No preference

Number in Your Household (Include Yourself) _____

List Household Income Per Month

	<u>Applicant</u>	<u>Spouse</u>
Wages	_____	_____
Social Security	_____	_____
SSI	_____	_____

List Total Household Expenses Per Month

(Only include those items listed below.)

Prescriptions	_____
Medical Expenses	_____
Insurance – Medicare/	_____

Pension _____
Other – Annuities, etc. _____
Total Income \$ _____ \$ _____

Health/Dental/Vision
Total Expenses \$ _____

Please provide information for an emergency contact person.

Name _____ Relationship _____
Address _____
Street City State Zip
Home/Work Telephone # _____ Cell # _____

Please provide information on two persons we may contact as references.

Name _____
Address _____
Street City State Zip
Home/Work Telephone # _____ Cell # _____

Name _____
Address _____
Street City State Zip
Home/Work Telephone # _____ Cell # _____

How did you hear about the Foster Grandparent and Senior Companion programs? (Please circle all that apply.) Word of Mouth Newspaper Pamphlet TV Another Volunteer School Senior Center
Other _____ Agency (Specify) _____

☐ I will maintain a valid driver's license if I drive a vehicle during my volunteer assignment.

☐ I will maintain the minimum automobile liability insurance required by the State of Kentucky if I drive my vehicle during my volunteer assignment.

By signing this application, I am verifying that, to the best of my knowledge, all of the information that I have provided is accurate and true. I authorize Audubon Area Community Services to make an investigation of any of the facts set forth in this application.

Applicant's Signature _____ **Date** _____

Director's Signature _____ **Date** _____

Please return this application to: Foster Grandparent Program/Senior Companion Program
Audubon Area Community Services, Inc.
1650 West Second Street, Drawer 107
Owensboro, KY 42301

Staff Use Only

Confirmation of the applicant's identification has been verified by the attached government-issued photo identification.

Staff Signature _____

Date _____