

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.

Eligibility to be a Foster Grandparent/Senior Companion may not be restricted on the basis of formal education; experience; race; religion; color; national origin, including limited English proficiency; sex; age; handicap; or political affiliation.

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 _____