



<b>FOR OFFICE USE ONLY</b>
Station(s) _____
Assignment(s) _____
Date Assigned: ___/___/___
Computer Entry: ___/___/___

**FTHRA FGP Application**

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been convicted of a **criminal offense or misdemeanor**? Yes\_\_\_ No\_\_\_ If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

**All Foster Grandparents must successfully complete a Criminal History Background Check before serving as a Foster Grandparent. Do you give FTHRA permission to arrange and pay for a Criminal History Check?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License # _____ State _____ Expiration Date _____
FGP provides a mileage reimbursement for travel between home and volunteer site to the volunteers. <b>If accepted as an FGP volunteer, you must provide a copy of your driver's license or state issued photo ID.</b> Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes___ No___
<b>If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes ___ No___</b>

As a FGP volunteer, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of FGP. Please provide the following information.

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Beneficiary for FGP Supplemental Accident Insurance:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

FTHRA/FGP Application

**The following information will help FGP match you with a volunteer opportunity:**

Employment Experience \_\_\_\_\_

Special Skills/Interests/Languages \_\_\_\_\_

Volunteer Experience (Current, Past, Preferred) \_\_\_\_\_

Days/Hours Available: Mon\_\_\_ Tues\_\_\_ Wed\_\_\_ Thu\_\_\_ Fri\_\_\_ Mornings\_\_\_ Afternoons\_\_\_

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment? \_\_\_\_\_

**Please indicate if FGP may have permission to use your likeness?**

I hereby grant FTHRA FGP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by FGP of FTHRA in perpetuity. I will make no monetary or other claim against FGP of FTHRA for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to FTHRA FGP.

**Certifications**

**By signing below, I acknowledge that I have read and understand the following statements:**

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the FTHRA Foster Grandparent/Senior Companion Program. I understand that I am not an employee of the FGP Project, the sponsor, FTHRA, the volunteer station or the Federal Government.
- I understand that in my capacity as an FGP volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Tennessee. I will also keep in effect a valid Tennessee Driver's license.

\_\_\_\_\_  
**FGP Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**FGP Staff Signature**

\_\_\_\_\_  
**Date**

**Equal Employment Agency** - FTHRA FGP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. FGP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact FTHRA FGP at (423) 639-8462.

Return completed registration to: FTHRA FGP  
[Original Signatures 215 South College St  
Required on the Form] Greeneville, TN 37743

For Questions contact:  
(423)639-8462

### References

**I give the FGP office permission to contact the following people to serve as a reference for my suitability to serve as a Foster Grandparent.** Please list three people who are not related to you (you may use friends, co-workers, supervisors, pastors, neighbors, etc.)

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Name Relationship (friend, neighbor, etc)

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Address (street, city, state, zip code)

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Phone number

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Name Relationship (friend, neighbor, etc)

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Address (street, city, state, zip code)

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Phone number

---

Name Relationship (friend, neighbor, etc)

---

Address (street, city, state, zip code)

---

Phone number

I understand that FGP staff will keep any information received from my references confidential and that FGP staff will not discuss this information with me.

The following information is optional and will not affect your enrollment with FTHRA FGP.

1. Occasionally FTHRA FGP will purchase volunteer recognition gifts to FGP members. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
Jacket	<input type="text"/>	Vest	<input type="text"/>	Hoodie	<input type="text"/>
Sweatshirt	<input type="text"/>	Hat	<input type="text"/>	T-Shirt	<input type="text"/>

2. Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
ABC FGP logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
Other (Make suggestion)		

3. FGP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? \_\_\_\_\_

Are you an active Military Member? \_\_\_\_\_

Are any of your family members actively serving in the military? \_\_\_\_\_

(Optional) Gender:

(Optional) Race/Ethnic Background:

\_\_\_ Male

\_\_\_ White

\_\_\_ Asian

\_\_\_ African-American

\_\_\_ Hispanic/Latino

\_\_\_ Female

\_\_\_ American Indian/Alaska Native

\_\_\_ Pacific Islander

\_\_\_ Other

Thank you for the information you have provided. Your information is **never** sold, shared, or used outside of FGP, FTHRA, government or the Corporation for National and Community Service.