

**LINCOLN AREA AGENCY ON AGING (LAAA)**  
**FOSTER GRANDPARENT/SENIOR COMPANION VOLUNTEER APPLICATION**  
1005 "O" Street Lincoln, NE 68508

Application for: \_\_\_\_\_ Foster Grandparent Program \_\_\_\_\_ Senior Companion Program

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: (402) \_\_\_\_\_ Cell Phone#: (402) \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Check one: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Check one that best indicates your race/ethnicity:

\_\_\_\_\_Caucasian/White \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_Asian \_\_\_\_\_Black/African  
American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_Hispanic/Latino

Years of School Completed: \_\_\_\_\_

Physical Condition: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Please explain condition \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

Income Information: Please list **monthly** income sources and amounts.

Social Security	\$ _____
SSI	\$ _____
Pension/Retirement	\$ _____
Interest	\$ _____
Stocks/Bonds	\$ _____
Other	\$ _____
Monthly Total	\$ _____

Total number of persons in household? \_\_\_\_\_

Monthly out of pocket medical expenses: \_\_\_\_\_  
(Including health insurance and prescription drug card)

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Please list two character references (not relatives):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A criminal background check will be conducted through the Lincoln Police Department and a background check for abuse/neglect with the State of Nebraska Central Registry. This is completed on all volunteers serving in the Foster Grandparent and Senior Companion Programs.

Do you have any criminal convictions, other than parking violations and/or juvenile offenses? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, please describe: \_\_\_\_\_

What days and hours are you available to volunteer?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

What date are you available to start? \_\_\_\_\_

*I verify that the information listed on this application is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank You!

Please return this form in the postage paid envelope provided. F:\FILES\AGING\AIS08\SR-COMP\FORMS\New Enrollment Forms\FGP SCP PACKET\FGP SCP VOLUNTEER APPLICATION.wpd