

**Child and Family Guidance Center, Inc.**  
180 Fairfield Avenue, 2<sup>nd</sup> FL, Bridgeport, CT 06604 - 4252  
(203) 394-6529 ext. 3044

**FOSTER GRANDPARENT PROGRAM**

**VOLUNTEER APPLICATION**

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NAME TYPED OR PRINTED \_\_\_\_\_ DATE \_\_\_\_\_

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MAILING ADDRESS, CITY OR TOWN, STATE, ZIP CODE \_\_\_\_\_

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TELEPHONE NUMBER. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

\_\_\_\_\_ MARRIED\_\_\_ SINGLE\_\_\_ WIDOWED\_\_\_  
AGE BIRTHDATE BIRTHPLACE DIVORCED\_\_\_

YEARS OF SCHOOL COMPLETED \_\_\_\_\_  
PREVIOUS OCCUPATIONS \_\_\_\_\_

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PHYSICAL CONDITION  
EXCELLENT\_\_\_ GOOD\_\_\_ FAIR\_\_\_ POOR\_\_\_ PLEASE EXPLAIN:  
\_\_\_\_\_

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NAME, ADDRESS AND PHONE NUMER \_\_\_\_\_  
OF CONTACT IN EMERGENCY: \_\_\_\_\_  
\_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

PLEASE LIST INCOME SOURCES AND AMOUNTS FOR CURRENT YEAR

SOCIAL SECURITY	\$ _____	TOTAL NUMBER OF PERSONS
SSI	\$ _____	IN HOUSEHOLD _____
PENSION/RETIREMENT	\$ _____	
NET RENT	\$ _____	
INTEREST	\$ _____	OUT OF POCKET MEDICAL
STOCKS/BONDS	\$ _____	EXPENSES PER YEAR \$ _____
OTHER (EXPLAIN)	\$ _____	
<b>TOTAL</b>	\$ _____	ESTIMATED INCOME FOR NEXT
		12 MONTHS \$ _____

TELL US WHY YOU WISH TO BE A FOSTER GRANDPARENT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT KIND OF TRANSPORTATION DO YOU PLAN TO USE? \_\_\_\_\_

LIST MEMBERSHIP IN CLUBS AND ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

LIST HOBBIES AND SPECIAL SKILLS: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

WILLING TO SERVE: MORNINGS \_\_\_\_\_ AFTERNOONS \_\_\_\_\_

DO YOU HAVE ANY CRIMINAL CONVICTIONS (OTHER THAN PARKING VIOLATIONS AND JUVENILE OFFENSES?) YES \_\_\_ NO \_\_\_ IF YES PLEASE DESCRIBE \_\_\_\_\_

PLEASE LIST THREE CHARACTER REFEREENCES (**NOT RELATIVES**)

Name	Address	Phone No.	How long have you known This person?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The Project Director will contact your references. All information received will be kept in confidence.

I, the undersigned applicant to the Foster Grandparent Program understand that acceptance is dependent upon the availability of funds, the availability of work site openings, an acceptable police background check, an acceptable health report from my doctor, and the approval of the Project Director and prospective work site supervisor.

Signed: \_\_\_\_\_

\_\_\_\_\_

(Applicant's Signature)

Date