

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

FOSTER GRANDPARENT PROGRAM

VOLUNTEER ENROLLMENT FORM

Please print and complete all sections.

NAME _____ BIRTH DATE _____

STREET ADDRESS _____ CITY, ZIP _____

MAILING ADDRESS _____ CITY, ZIP _____

PHONE _____ SOCIAL SECURITY # _____

ETHNIC GROUP (Voluntary, for statistical reporting only): Caucasian, ؑ African American, ؑ Hispanic, ؑ Native American/Alaskan Native, aP ,naisA ؑific Islander, ؑ Other _____

PHYSICAL/MEDICAL LIMITATIONS (VOLUNTARY): _____

DO YOU HAVE A CAR? ؑ YES ؑ NO

CLAIMING MILEAGE REIMBURSEMENT ؑ YES ؑ NO

DRIVER'S LICENSE # _____ STATE _____ EXP. DATE _____

***IF CLAIMING MILEAGE REIMBURSEMENT, PLEASE INCLUDE A COPY OF YOUR PROOF OF INSURANCE (Insurance Card).**

BENEFICIARY FOR SUPPLEMENTAL ACCIDENT INSURANCE:

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____

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EMPLOYMENT EXPERIENCE _____

VOLUNTEER EXPERIENCE _____

I UNDERSTAND THAT IF I USE MY PERSONAL AUTOMOBILE TO AND FROM MY VOLUNTEER WORK STATION, I WILL ARRANGE TO KEEP IN EFFECT AUTOMOBILE LIABILITY INSURANCE EQUAL TO OR GREATER THAN THE MINIMUM REQUIRED BY THE STATE.

Signature of Foster Grandparent

Date

Signature of FGP Staff

Date