



FGP/SCP/RSVP VOLUNTEER APPLICATION

Name (please print): _____ Date of Birth: _____

Other Names Used: _____

Address (Include Apt No.) _____ City: _____ State _____ Zip _____

Telephone No. _____ Cell/Alternative No. _____

E-Mail Address: _____

Have you been convicted of a Misdemeanor: Yes No Felony: Yes No

Please check which program you are interested in: FGP SCP RSVP

Sex: Male Female Marital Status: Divorced Married Single Widowed

Race: African American American Indian Asian Caucasian Hispanic Other

EMERGENCY CONTACT

Name: _____ Telephone #: _____ Relationship: _____

Name: _____ Telephone #: _____ Relationship: _____

BENEFICIARY

Our programs provide personal liability and accident insurance coverage for all FGP/SCP/RSVP volunteers while volunteering. To be eligible we must have a statement of beneficiary from you.

My beneficiary is:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____



MILITARY SERVICE

Are you a veteran of the Armed Forces? Yes No

Is your spouse a veteran? Yes No

AVAILABILITY

Please indicate below the days and times you can volunteer. A minimum commitment of 15 hours per week in a program is required for the Foster Grandparent or Senior Companion Program:

Time Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

DRIVER INFORMATION

Driver's License No. _____ Expiration Date: _____

Would you be willing to drive for the program? Yes No

Comments: _____

DRIVER INFORMATION/TRANSPORTATION

Type of transportation: Car Bus Friend Other

RELEVANT EXPERIENCE

(Please describe prior volunteer experience; experience with persons with characteristics like those served in the program; education and work experience.) _____

I authorize this agency the option to release a copy of this application for RSVP if necessary to their host sites. Yes No

I authorize the release of photographs taken for use in publications and advertisements for RSVP.
 Yes No

Applicant Signature

Date



APPLICATION STATEMENT

Applicant: _____

Date: _____

To process your application, please review and initial each statement listed below.

I declare that all statements contained in this application are true and any misrepresentation or omission may result in rejection of my application and/or termination with the Foster Grandparent, Senior Companion and/or Retired Senior Volunteer programs.

Applicant Initials

A criminal, personal, and professional background check will be conducted for consideration of this application. You may contact any references, past and current employers, and any other individual/organization that might be relevant to the position for which I am applying except for those specifically excluded in writing. You hereby release these references, employers, and other individuals/organizations from all liability for damages that might occur about the processing of this application.

Applicant Initials

This organization prohibits and does not tolerate discrimination in any form, including harassment, based upon a person's protected status, such as sex, color, race, ancestry, religion, national origin, age, disability, medical conditions, marital status, veteran status (including past, present or future application for, or membership in, a uniformed service), citizenship status, or other protected group status. This organization is an equal opportunity employer that supports a policy of nondiscrimination in all aspects of employment. The agency's practices are based on job qualifications without regard to race, color, religion, national origin, sex, age, height, weight, marital status, veteran status (including past, present or future commitments to uniformed services, handicap, or any other reason prohibited by applicable laws.

Applicant Initials

My signature verifies that I have read all the above statements, have asked questions and fully understand all of these statements.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS

Applicant's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

**Return Completed Application to:
FGP/SCP/RSVP Programs
2400 Pattengill Avenue
Lansing, MI 48910**