



## FGP/SCP/RSVP VOLUNTEER APPLICATION

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address (Include Apt No.) \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone 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 is required for the Foster Grandparent or Senior Companion Program:

Time Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**DRIVER INFORMATION/TRANSPORTION**

MI Driver License/MI ID No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of transportation:     Car     Bus     Friend     Other

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

Comments: \_\_\_\_\_  
\_\_\_\_\_

**RELEVANT EXPERIENCE**

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

Are you currently employed or have other responsibilities that would interfere with volunteering?  
\_\_\_\_\_

I authorize this agency the option to release a copy of this application 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**

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 and Senior Volunteer programs.

\_\_\_\_\_  
**Applicant Initials**

This organization prohibits discrimination in any form, including harassment based on color, race, gender, ancestry, religion, national origin, age, disability, medical conditions, marital status, sexual orientation, gender identity or expression, 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, sexual orientation, gender identity or expression, veteran status (including past, present or future commitments to our military), handicap or any other reason prohibited by applicable law. No person with responsibility for the operation of, participation in, or partnership with, the SCP shall discriminate regarding any activity or program because of race, creed, belief, color, national origin, age, sex, handicap or political affiliation.

\_\_\_\_\_  
**Applicant Initials**

**This organization conducts thorough background checks with ICHAT, Truescreen, National Sex Offender site, FBI fingerprint, Central Registry Clearance, and Michigan Child Care background check and disclosure.**

\_\_\_\_\_  
**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