



# Foster Grandparent/Senior Companion Programs

## San Andreas Regional Center

6203 San Ignacio Avenue, Suite 200 • San Jose, CA 95119 • Office (408) 341-3861 Fax (408) 281-6969

# Volunteer Application

Program you are interested in:

Foster Grandparent Program

Senior Companion Program

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

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License or California ID Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Male  Female **Marital Status:**  Single  Married  Widowed

Birthplace \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you a U.S. Citizen? Yes\_\_\_ No\_\_\_ Documented? Yes\_\_\_ No\_\_\_

Veteran of U.S. military service: Yes\_\_\_ No\_\_\_ Number of people living in your home: \_\_

### Person to notify in case of an emergency:

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

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

### Physician:

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

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Physical Condition:  Excellent  Good  Fair  Poor

List any medications you are currently taking and any physical limitations you may have:

---

---

**Yearly Income** (List all sources of income for your entire household for the past year).

Annuity Income .....\$ \_\_\_\_\_

Interest/Dividend Income ..... \_\_\_\_\_

Net Income from Real Estate ..... \_\_\_\_\_

Pension Income ..... \_\_\_\_\_

Public Assistance ..... \_\_\_\_\_

Social Security ..... \_\_\_\_\_

SSI..... \_\_\_\_\_

Income from Stocks and Bonds ..... \_\_\_\_\_

Wages ..... \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Sub total Income** ..... \$ \_\_\_\_\_

Less medical expense deductions (i.e. health insurance premiums, prescriptions drugs, doctor visits/medical bills) ..... \_\_\_\_\_

**Total Income** ..... \$ \_\_\_\_\_

Number of: Children \_\_\_\_ Grandchildren \_\_\_\_ Great Grandchildren \_\_\_\_

Medicare # \_\_\_\_\_ Medical # \_\_\_\_\_

Other Health Insurance \_\_\_\_\_

Highest Grade completed in school: \_\_\_\_\_

List any languages other than English you can read or speak:

\_\_\_\_\_

Previous Occupations: \_\_\_\_\_

\_\_\_\_\_

Special Training: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Special Skills: \_\_\_\_\_

List any experience you have had working with children/adults with special needs:

---

---

---

What is your means of transportation?  Bus/Public Transportation  Car  
(If you own a car, list insurance and insurance number)

---

How did you hear about this program? \_\_\_\_\_

---

Why do you wish to become a part of this program? \_\_\_\_\_

---

Have you ever volunteered for a Foster Grandparent or Senior Companion Program?

No  Yes, I have (location): \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony?  No  Yes

If yes, explain \_\_\_\_\_

---

List two references other than relatives (include name, address, and telephone number):

1. \_\_\_\_\_

2. \_\_\_\_\_

---

Prior to acceptance in our Programs, a fingerprint and background check through the Department of Justice, FBI and a search through the National Sex Offender Public Registry as required by The Corporation for National and Community Service will be completed.

---

Applicant Signature

---

Date

**Foster Grandparent/Senior Companion Programs Use Only**

\_\_\_\_\_  
Interviewed/Reviewed by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

=====  
Notes: