



**AmeriCorps
Seniors**

Foster Grandparent/Senior Companion Program

San Andreas Regional Center

6203 San Ignacio Avenue, Suite 200 • San Jose, CA 95119 • (408) 341-3581

Application

Program you are interested in:

Foster Grandparent Program

Senior Companion Program

Name: _____

Nickname: _____

Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ - _____ - _____

Driver's License or California ID Number: _____

Male

Female

Marital Status:

Single

Married

Widowed

Birthplace _____ Date of Birth: _____ / _____ / _____

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: _____

Yearly Income (List all sources of income you expect to receive for the next 12 months for you and your spouse if your spouse is living with you).

Annuity Income..... \$ _____
Interest/Dividend Income _____
Net Income from Real Estate _____
Pension Income..... _____
Social Security _____
SSI..... _____
Income from Stocks and Bonds _____
Wages..... _____
Other (specify: _____) _____
Total Income \$ _____

Program Use Only: Medical expense deductions (If applicable/attach worksheet)

..... _____
Total Adjusted Income..... \$ _____

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 served for a Foster Grandparent or Senior Companion Program in the past?

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. _____

Please check the box that best describes your race/ethnicity:

American Indian or Alaskan Native Asian African American

Native Hawaiian or Pacific Island Caucasian

Hispanic or Latino (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

Did you serve in the United States military? Yes No

The FG/SCP is available to all individuals who qualify to work or serve per AmeriCorps' program guidelines, without regard to race, color, national origin, gender, age, religion, sexual orientation, gender identity or expression, political affiliation, marital or parental status, genetic information, military service, formal education, experience, or based on disability.

The Corporation for National and Community Services requires that all applicants complete and pass a fingerprint and background check through the Federal Bureau of Investigations, the Department of Justice, and a search through the National Sex Offender Public Registry.

Applicant Signature

Date

Foster Grandparent/Senior Companion Program Use Only

Interviewed/Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

Notes: