



FOR OFFICE USE ONLY	
Station(s)	_____
Room/Teacher(s)	_____
Date enrolled:	___/___/___
Database entry:	___/___/___
Physician cleared:	___/___/___
Fingerprint scheduled:	___/___/___
Fingerprint cleared	___/___/___

### Community Action Foster Grandparent Enrollment Form

In order to ensure continuity and stability for our Head Start children, we ask our Foster Grandparents to commit to a minimum of 20 hours per week.

Please print and complete all sections. Forms with original signatures are required for enrollment.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Password \_\_\_\_\_

Primary Language \_\_\_\_\_

Foster Grandparent Program provides a mileage reimbursement for travel between home and volunteer site to the volunteers. *Will you be claiming a mileage reimbursement for travel to and from your volunteer location?* Yes\_\_\_ No\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Do you have a minimum coverage amount of \$100,000/\$300,000 auto liability insurance?  
Yes \_\_\_ No\_\_\_

\* If Yes, is a copy of your proof of auto insurance showing active coverage attached?  
Yes \_\_\_ No\_\_\_

As a FGP volunteer, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of FGP.

Please provide the following information.

**Beneficiary for FGP/SCP Supplemental Accident Insurance:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**The following information will help FGP match you with a volunteer opportunity:**

Employment Experience \_\_\_\_\_

Special Skills or Interests  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experiences (current or past)  
\_\_\_\_\_  
\_\_\_\_\_

Would you prefer an infant, toddler or a preschool room? \_\_\_\_\_  
Every effort will be made to place you in your preferred room.

Days/Hours Available: Mon\_\_\_ Tues\_\_\_ Wed\_\_\_ Thu\_\_\_ Fri\_\_\_  
Mornings  Afternoons  Time from \_\_:\_\_ to \_\_:\_\_  
Total hours per week \_\_\_\_\_

Do you typically go on annual vacations or have any known times that you will request time off? If so, please let us know.  
\_\_\_\_\_  
\_\_\_\_\_

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment?  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Equal Employment Agency** – Community Action Partnership of Lancaster and Saunders Counties is an equal opportunity agency and does not discriminate in hiring on the basis of race, color, religious creed, national origin, sex, sexual orientation, gender identity, mental or physical disability, marital status, or age. No question on this enrollment form is intended to be used for such discrimination. We will provide reasonable accommodations to the known disabilities of applicants, unless doing so would pose an undue hardship. Please feel free to let us know if you need accommodation to complete the enrollment process. For accommodation information or if you need special accommodations to complete the enrollment process, please contact Community Action Partnership of Lancaster and Saunders Counties Foster Grandparent Program at (402) 875-9320.

Return completed registration to: Community Action FGP  
210 O Street  
Lincoln, NE 68508

Questions contact:  
Georgann Roth 402-875-9320  
[groth@communityactionnetwork.org](mailto:groth@communityactionnetwork.org)

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I understand that background information will be checked and will be considered as a result of my application for the Foster Grandparent Program. This information may include but is not limited to the following:

- Central Registry for Adult and Child Abuse
- Criminal History
- Sexual Offender Registry

I certify that all statements are true and complete to the best of my knowledge and I understand that to knowingly misrepresent and/or omit facts called for herein will be sufficient cause for cancellation of consideration for the Foster Grandparent Program or dismissal, if I am already enrolled in the program.

I authorize Community Action Partnership of Lancaster and Saunders Counties to investigate all information contained in the application. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this background check. In addition, my signature on this document will serve as authorization to release any and all information recorded on or attached to my application to Community Action Partnership of Lancaster and Saunders Counties. A photocopy or facsimile of this document is as valid as the original.

I understand that this application is not a contract of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

**The following information is optional and will not affect your enrollment with Community Action Partnership of Lancaster and Saunders Counties Foster Grandparent Program.**

Occasionally Community Action FGP will purchase volunteer recognition gifts to FGP members. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
Jacket		Vest			
Sweatshirt		T-shirt			

Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals <input type="checkbox"/>	Small gift <input type="checkbox"/>	Certificates <input type="checkbox"/>
FGP logo wear <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>	
Other (Make suggestion)		

FGP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (*Optional*).

Are you a Veteran? \_\_\_\_\_ Are you an active Military Member? \_\_\_\_\_

Are *any* of your family members actively serving in the military? If yes, who?

\_\_\_\_\_

(Optional) Gender:

\_\_\_\_ Male

\_\_\_\_ Female

(Optional) Race/Ethnic Background:

\_\_\_\_ White      \_\_\_\_ African-American      \_\_\_\_ Asian

\_\_\_\_ American Indian/Alaska Native

\_\_\_\_ Pacific Islander      \_\_\_\_ Hispanic/Latino      \_\_\_\_ Other