



**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 5-20 hours per week during the pandemic.

*In order to qualify for the program, annual income has to be at or below:*

- \$25,520 for a family of one
- \$34,480 for a family of two
- \$43,440 for a family of three

*If you are close to any of these totals, please contact Georgann Roth (402) 875-9320.*

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 \_\_\_\_\_

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

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

Ethnicity (check one): Hispanic or Latino \_\_\_\_\_ Non-Hispanic or Latino \_\_\_\_\_

Gender (check one): Female \_\_\_\_\_ Male \_\_\_\_\_

Racial group affiliation (check one): American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_

Black or African American \_\_\_\_\_ Native Hawaiian or Pacific Island \_\_\_\_\_ White \_\_\_\_\_

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, do you have a copy of your active automobile policy?

Yes \_\_\_ No\_\_\_

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

**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 (Holidays with out of state family)? If so please list.

\_\_\_\_\_  
\_\_\_\_\_

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

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For the foreseeable future, Foster Grandparents will not be serving physically within Head Start classrooms. However, **it is critical to keep Foster Grandparents engaged in our Head Start programs** so they may continue to provide support to our enrolled children.

Do you have any experience with technology or ipads? \_\_\_\_\_

**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 enrollment to:** Community Action FGP  
210 O Street  
Lincoln, NE 68508

Questions contact:  
Sam Bates (402) 875-9320  
sbates@communityactionatwork.org

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I understand that background information will be checked using TrueScreen and Fieldprint vendors 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
- Sex Offender Registry
- National registry check
- National Criminal History Check

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 for our Foster Grandparents. Please share your sizes below.

<b>Item</b>	<b>Size</b>
Jacket	_____
Sweatshirt	_____
Vest	_____
T-Shirt	_____

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

- Special meals
- Small gift
- Certificate
- FGP logo shirt or jacket
- Interviewed for a news story
- Other \_\_\_\_\_
- Verbal thank you
- Written thank you

FGP is often asked to provide demographical information pertaining to volunteer members.

Please provide the following information:

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

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

\_\_\_\_\_

**Gender:**

\_\_\_\_ Male  
\_\_\_\_ Female

**Racial Group:**

\_\_\_\_ Hispanic/Latino \_\_\_\_ Non Hispanic/Latino

**Ethnic Background:**

\_\_\_\_ Pacific Islander \_\_\_\_ Hispanic/Latino \_\_\_\_ Other  
\_\_\_\_ American Indian/Alaska Native \_\_\_\_ White \_\_\_\_ African-American \_\_\_\_ Asian

*Thank you!*

*We look forward to meeting you.*

If you have any questions, contact Georgann Roth at (402) 875-9320