

# SEEDS 4 SUCCESS FGP VOLUNTEER APPLICATION

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## STEP 1 - FOR YOU TO COMPLETE

### VOLUNTEER INFORMATION

*Seeds 4 Success FGP is an equal opportunity Agency. Enrollment is done without regard to race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service. If you need special accommodations to complete the application process, please contact Seeds 4 Success at (410) 533-3847.*

Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

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

Address \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Legally Separated \_\_\_\_\_ Divorced

### SELECT WHERE YOU WOULD LIKE TO VOLUNTEER

- WILEY H. BATES COMMUNITY**  
Must be available Monday to Friday, 2pm to 6pm
  
- BAY FOREST APARTMENTS**  
Must be available Monday to Friday, 2pm to 6pm
  
- INSIDE AN AACPS SCHOOL**  
Must be available 3 days per week 9am to 3pm

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

OR State issued government ID \_\_\_\_\_

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment? \_\_\_\_\_ Yes \_\_\_\_\_ No

### EMERGENCY CONTACT

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

### BENEFICIARY INFORMATION

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

**FOR STAFF** Date Received \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_



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## CERTIFICATIONS and AUTHORIZATIONS

By signing below, I acknowledge and agree to the following statements (Initial and sign):

- I am 55 years of age or older and offer my services as a volunteer for the Foster Grandparent Program. I understand that I am not an employee of Seeds 4 Success Foster Grandparent Project. \_\_\_\_\_
- As an FGP volunteer I may come into contact with confidential information. I will protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended. \_\_\_\_\_
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Maryland. \_\_\_\_\_
- I will keep in effect a valid Maryland Driver's license. \_\_\_\_\_
- I give permission for Seeds 4 Success to use my photo on its website. \_\_\_\_\_
- I live in the state of Maryland. \_\_\_\_\_
- I will abide by all Seeds 4 Success FGP guidelines and regulations. \_\_\_\_\_
- I authorize FGP to conduct a check of the National Sex Offender Public Website, a Maryland State Criminal Repository Check and an FBI Check. I authorize appropriate sharing of these results with Seeds 4 Success may retain the results of this check in a secure, confidential location. \_\_\_\_\_
- I understand that selection into the program is contingent upon the review of my criminal history check results by FGP. I understand that I cannot start on this project until I have been cleared to do so by FGP staff. \_\_\_\_\_
- The information I have provided is factual to the best of my knowledge. \_\_\_\_\_

## OPTIONAL SECTION

Are you a veteran? \_\_\_\_\_ Active? \_\_\_\_\_ Active Military Family Members? \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

## Race/Ethnic Background:

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

**Thank you for the information you have provided. Your information is never sold, shared, or used outside of Seeds 4 Success FGP or the Corporation for National and Community Service.**



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## STEP 2 - FOR YOU TO COMPLETE

### INCOME VERIFICATION FORM

*In all categories below list all sources of income for the volunteer applicant and spouse, if living in same residence.*

Current Income from all sources of Applicant and Spouse, if living in same residence	A. Volunteer's Monthly Income	B. Spouse's Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (C x 12)
Social Security	\$	\$	\$	X 12 mo.	\$
SSI / SSDI	\$	\$	\$	X 12 mo.	\$
Pension	\$	\$	\$	X 12 mo.	\$
Interest/Dividends	\$	\$	\$	X 12 mo.	\$
Other:	\$	\$	\$	X 12 mo.	\$
<b>COLUMN TOTALS</b>	\$	\$	\$	X 12 mo.	\$

Allowable deductions for medical expenses, if any. Please note **up to 50%** of the maximized qualifying amount can be deducted. See reverse side for examples of allowable medical deductions.

- Health Insurance Premiums     \$ \_\_\_\_\_
- Prescription Drugs                 \$ \_\_\_\_\_
- Doctor visits/medical bills       \$ \_\_\_\_\_
- Other allowable medical cost     \$ \_\_\_\_\_

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as a Foster Grandparent/Senior Companion. *I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.*

**VOLUNTEER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR STAFF: Volunteer Coordinator**

*Refer to income chart for eligibility to determine eligibility.*

**Total Income \$** \_\_\_\_\_ **- 50% Deductions \$** \_\_\_\_\_ **= \$** \_\_\_\_\_ **QUALIFYING INCOME**



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## STEP 3 - FOR YOUR DOCTOR TO COMPLETE MEDICAL CERTIFICATION FORM

It is requested that \_\_\_\_\_ is given a physical examination to determine suitability for service as a Foster Grandparent Volunteer in Anne Arundel County, MD. In such capacity, he/she will work with children who have special or exceptional needs in a classroom type setting.

### Duties will involve one or more of the following activities:

- Sitting with student to provide tutoring
- Assisting children in classroom activities
- No heavy lifting; however, may require bending, stooping, walking short distances
- Duration of duties will be twenty hours per week Monday through Friday

### TO ATTENDING PHYSICIAN, WE NEED TO KNOW OF ANY EXISTING HEALTH PROBLEMS THAT MAY BE DETRIMENTAL TO VOLUNTEER'S ABILITY TO PERFORM THE TASKS LISTED.

In my professional judgment, \_\_\_\_\_ (applicant name)

\_\_\_\_\_ Is Able \_\_\_\_\_ Is Not Able  
to perform the type of volunteer tasks required by Seeds 4 Success Foster Grandparent Program.

### PLEASE CHECK:

Hearing: \_\_\_\_\_ Vision: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Hernia: \_\_\_\_\_

PPD Test Date: \_\_\_\_\_ PPD Test Read Date: \_\_\_\_\_

# of mm induration: \_\_\_\_\_ Results/Interpretation: \_\_\_\_\_

Heart: \_\_\_\_\_ (EKG is not required) Lungs: \_\_\_\_\_ No X-Ray Required

Diagnosed with any Communicable Disease: YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, please list:*

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Diagnosed with any Mental Illness: YES \_\_\_\_\_ NO \_\_\_\_\_

*If yes, please explain:*



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Please list any other diagnosed diseases:

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Additional Comments (Include limitation on activities, if any)

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

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Physician Signature

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Date

*I hereby authorize the release of this Medical Report to Seeds 4 Success Foster Grandparent Program.*

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Applicant Signature

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Date



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## Foster Grandparent Program Positive Tuberculosis (TB) Test Screening Form

Please fill out **ONLY** if the volunteer has had a **POSITIVE** TB test in the past.

### Date of Positive Test Results:

- Was a chest x-ray done at that time? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, was it normal? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A
- Did applicant receive anti-TB medication? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, how long did they take it? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A
- Date of last chest x-ray \_\_\_\_\_
- What was the result?  
\_\_\_\_\_

If **POSITIVE** within the last year, has applicant been treated for

- Unusual/persistent cough? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Coughing up blood? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Shortness of breath? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Persistent fever/chills? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Night sweats? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Unexplained weight loss? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Chronic fatigue? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Known TB exposure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Comments

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**{Attach the receipt for the doctor's visit to the application  
if you would like to be reimbursed}**





# Mid-Atlantic Regional Investigations

MARI Live Scan Fingerprinting Services

1202 West Street Annapolis, Maryland 21401

Toll Free (888) 320-7775 \* Local (410) 280-1409 \* Fax (410) 280-0018



## LIVE SCAN REGISTRATION FORM

*(Please Type or Print in ALL CAPS)*

TODAY'S DATE :	<input type="text"/>	SOCIAL SEC. #	<input type="text"/>
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>
PLACE OF BIRTH (Within U.S. State Only)	<input type="text"/> <i>(If outside of U.S. list Country)</i>	CITIZEN of What Country	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	TELEPHONE #	<input type="text"/>
RACE (Check Only One)	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Unknown		
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	<input type="text"/>
EYE COLOR	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> multi-color		
HAIR COLOR	<input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Gray <input type="checkbox"/> Red / Auburn <input type="checkbox"/> White		
EMAIL ADDR	<input type="text"/>		
CURRENT ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>
REQUEST BY :	<b>Seeds 4 Success Inc</b>		
REQUEST TYPE:	<input type="text"/>	<input checked="" type="checkbox"/> State & FBI	<input type="checkbox"/> State Only <input type="checkbox"/> FBI Only
POSITION APPLIED	<b>Foster Grandparent</b>		
AUTHORIZATION #	<input type="text"/>	ORI:	<input type="text"/>
Have you ever been convicted of a criminal offense ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you currently have any criminal charges pending ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Thanks for allowing us to serve you.</i>			

**KEEP THIS FORM WITH YOU, DO NOT SUBMIT IT WITH YOUR APPLICATION**