

Foster Grandparent Program (FGP) 714 Seventh St. SW ·Albuquerque, NM 87102 Phone: 764-6412 Fax: 764-6465



## **Volunteer Application**

Name:			Phone:					
Address:			City	State		Zip		
			Gender:					
Married: Si	ngle:	Widowed:	Divorced:	Are you a	Veteran?	Yes	or	No
How did you hear a	about the Fost	er Grandparen	t Program?					
What makes you fe	el you would	be a successful	Foster Grandparen	ıt?				
Language(s) Spoke	n:							
List hobbies/specia	l skills:							
Do you have reliab	le transportat	ion?						
					25			
·			eek? (Circle one)	15 20	25	Other _		
	t Program vol	unteers, who a	re income eligible, r o determine your e		n-taxable	stipend	to	
Social Security	\$		Spouse's Incom	ne \$				
Pension/Annuity	\$		Other (explain)	\$				
			Monthl	 y Total\$				





## Foster Grandparent Program applicants are required to undergo a National Service Criminal History Check<sup>1</sup> (NSCHC) which includes:

- a check of the National Sex Offender Public website,
- an FBI fingerprint check.

An applicant that refuses to undergo the NSCHC will not be enrolled. An applicant will be disqualified for providing a false statement in response to the inquiry about criminal history or for failure to disclose information required to determine eligibility.

An applicant with open cases will not be enrolled but may reapply after a final ruling has been made. Results are reviewed and decisions are made by the Program Supervisor, the Department of Senior Affairs Sponsor Representative, and/or FGP Advisory Council Members.

I agree to undergo the NSCHC process; I understand that selection into the program is contingent upon the review of results and that a candidate can be disqualified for any one of, but not limited to, the following reasons regardless of the timeframe from the incident:

- Murder conviction
- Child abuse/neglect
- Drug trafficking/distribution
- Criminal sexual penetration (or any sex offense which requires the applicant to be registered on a sex offender registry)

I understand that I will be provided with a reasonable opportunity to review and challenge the factual accuracy of the results before action is taken to exclude me from a volunteer position

Applicant Signature

Date

<sup>&</sup>lt;sup>1</sup> Title 45- Public Welfare, 10-1-2014 / Code of Federal Regulations