



SENIORS in SERVICE

GEARED UP TO SERVE

FOSTER GRANDPARENT PROGRAM (FGP) - Volunteer Application Form

Volunteer Information	
Full Name (Nombre)	
Street Address (Dirección)	City, State, Zip (Ciudad, Estado, Zona Postal)
Cell Phone	Home Phone (Telefono)
E-mail Address (Correo electrónico)	
Birth Date (Fecha de Nacimiento) (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	
Veteran (Self): Yes / No Veteran family members or active military members (parents/spouse/children/or those same of a "step" relationship): Yes / No	
Program Specifics	
Seniors in Service conducts two (2) Level 2 Background checks to protect children receiving service. Do you agree to participate in background checks? <input type="checkbox"/> I Agree <input type="checkbox"/> I do not agree	
Seniors in Service offers an optional non-taxable stipend of \$3.15/hour for those who income-qualify. We will need proof of income to guarantee stipend. <input type="checkbox"/> I am interested in receiving stipend. <input type="checkbox"/> I am not interested in receiving stipend.	

Federal Diversity Reporting Requirements

(The following information is for statistical purposes only)

Race: White Black/African American Asian/Asian American Pacific Islander
 Native American/Alaskan Native Two or more races

Ethnicity: Hispanic/Latino <input type="checkbox"/>		Non-Hispanic /Non-Latino <input type="checkbox"/>	
Creole (including Haitian, French & Spanish) <input type="checkbox"/>		Refused <input type="checkbox"/>	
Gender: Male (Hombre) <input type="checkbox"/>	Female (Mujer) <input type="checkbox"/>	Gender Fluid/Do not identify as Male or Female <input type="checkbox"/>	
Marital Status: Single (Soltero) <input type="checkbox"/>		Married (Casado) <input type="checkbox"/>	Widowed (Viudo) <input type="checkbox"/>
Divorced (Divorciado) <input type="checkbox"/>			
Disability: I identify as a member of the Disability community: Yes / No			
Please let us know if you require any accommodation under the American with Disabilities Act			
Our Policy – Seniors in Service does not discriminate against employees, volunteers, or in the operation of its programs on the basis of race, color, national origin, sexuality including limited English proficiency, sex, age, political affiliation, religion, or on the basis if disability. (Seniors in Service no discrimina contra empleados, voluntarios o en operaciones de los programas basados en raza, color, nacionalidad, limitación en el idioma Inglés, sexo, edad, afiliación política o discapacidad.)			

Availability

How often would you like to volunteer? 2-5 days per week Weekly Monthly Special Events

T-Shirt Size _____

Activities and Interests (Please select all that apply)

- Tutoring (Reading/Math)
- Mentoring – Social/Emotional Skills
- Students birth-4 years old
- Students Kindergarten-3rd Grade
- Students 4th Grade and above

Computer Skills (Please select all that apply)

Use Internet Zoom E-mail Microsoft Teams

Communication Skills

Ability to Read Ability to Write Effective Writing Public Speaking/Presenting

Signature:		Date:	
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SENIORS in SERVICE

GEARED UP TO SERVE

Volunteer Application Form Solicitud de Voluntariado

Senior Companion Program (SCP) Programa de Acompañantes a las Personas Mayores (SCP)

Volunteer Information	
Full Name (Nombre completo)	
Street Address (Dirección)	City, State, Zip (Ciudad, Estado, Zona Postal)
Cell Phone	Home Phone (Teléfono)
E-mail Address (Correo electrónico)	
Birth Date (Fecha de nacimiento) ____/____/____ (MM/DD/YYYY)	
Are you a veteran? (¿Eres veterano?) Yes / No	
Are you related to a Veteran or active military member? (This can include a parent, child, spouse, or those of a "step" relationship) ¿Estás relacionado con un veterano o miembro militar activo? (Esto puede incluir a un padre, hijo, hermano/hermanastro, o cónyuge): Yes / No	
Branch: (Rama) _____	Number of years served: (Años Servido) _____
Program Specifics	
Seniors in Service conducts two (2) Level 2 Background checks to protect vulnerable population. Do you agree to participate in background checks? <input type="checkbox"/> I agree <input type="checkbox"/> I do not agree	
Seniors in Service offers an optional non-taxable stipend of \$3.15/hour for those who income-qualify. We will need proof of income to guarantee stipend. \$4.00 <input type="checkbox"/> I am interested in receiving stipend and mileage reimbursement <input type="checkbox"/> I am not interested in receiving stipend, but I am interested in receiving mileage reimbursement <input type="checkbox"/> I am NOT interested in receiving stipend or mileage reimbursement	

Federal Diversity Reporting Requirements (The following information is for statistical purposes only)	
Race (raza): <input type="checkbox"/> White (blanco)	<input type="checkbox"/> Black/African American (negro/Afroamericano)
<input type="checkbox"/> Asian/Asian American (Asiático/asiático americano)	<input type="checkbox"/> Pacific Islander (isleño del pacífico)
<input type="checkbox"/> Native American/Alaskan Native (Nativo americano/Nativo de Alaska)	



<input type="checkbox"/> Two or more races (2 razas o más)	
Ethnicity: <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino
<input type="checkbox"/> Creole (including Haitian, French & Spanish)	<input type="checkbox"/> Refused
Gender: <input type="checkbox"/> Male (Hombre)	<input type="checkbox"/> Female (Mujer) <input type="checkbox"/> Other: _____
Marital Status: <input type="checkbox"/> Single (Soltero)	<input type="checkbox"/> Married (Casado) <input type="checkbox"/> Widowed (Viudo/a) <input type="checkbox"/> Divorced (Divorciado/a)
I identify as a member of the Disability community (Me identifico como miembro de la comunidad de personas con discapacidad) : Yes / No	
Please let us know if you require any accommodation under the American with Disabilities Act . Háganos saber si necesita alguna adaptación según la Ley de Estadounidenses con Discapacidades .	
Our Policy – Seniors in Service does not discriminate against employees, volunteers, or in the operation of its programs based on race, color, national origin, sexuality including limited English proficiency, sex, age, political affiliation, religion, or on the basis of disability. Nuestra Política – Seniors in Service no discrimina contra empleados, voluntarios o en operaciones de los programas basados en raza, color, nacionalidad, limitación en el idioma inglés, sexo, edad, afiliación política o discapacidad.	

Availability (Disponibilidad)
How often would you like to volunteer? (¿Con qué frecuencia le gustaría ser voluntario?)
Time (hora): <input type="checkbox"/> Mornings (mañana) <input type="checkbox"/> Afternoon (tarde)
Frequency (frecuencia): <input type="checkbox"/> At least 5 days per week (5 días a la semana) <input type="checkbox"/> Weekly (semanalmente) <input type="checkbox"/> Monthly (mensualmente) <input type="checkbox"/> Special Events (eventos especiales)
Please select the volunteer opportunity you are interested in:
<input type="checkbox"/> Virtual <input type="checkbox"/> In-Person <input type="checkbox"/> Both
Activities and Interests (Please select all that apply)
<input type="checkbox"/> Companionship: in-person <input type="checkbox"/> Companionship: telephone reassurance <input type="checkbox"/> Respite: in-person <input type="checkbox"/> Resource advocate
Computer Skills (Please select all that apply)
<input type="checkbox"/> Use Internet <input type="checkbox"/> Zoom <input type="checkbox"/> E-mail <input type="checkbox"/> Microsoft Teams <input type="checkbox"/> Other: _____
Communication Skills
<input type="checkbox"/> Ability to Read <input type="checkbox"/> Ability to Write <input type="checkbox"/> Effective Writing <input type="checkbox"/> Public Speaking/Presenting
T-Shirt Size (tamaño de camisa): _____

Signature (firma): _____	Date (fecha): _____
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Senior Services Income Review Form

To receive a stipend, an AmeriCorps Seniors volunteer in FGP or SCP must be at least 55 years of age and cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline for the state in which he or she resides. **Please complete the areas highlighted in yellow, if applicable.**

Name: _____ **Phone:** (____) ____ - ____ **Email:** _____

Volunteer status: New volunteer (in program less than 12 months) Current volunteer

How many people in household? _____

Marital Status: Married Widow(er) Single Divorced Separated

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.	\$
Pension / Retirement Savings Plan	\$	\$	\$	x 12 mo.	\$
Wages	\$	\$	\$	x 12 mo.	\$
Interest / Dividends	\$	\$	\$	x 12 mo.	\$
Other:	\$	\$	\$	x 12 mo.	\$
COLUMN TOTALS	\$	\$	\$	x 12 mo.	\$

Medical Expenses(if applicable): Out-of-pocket medical expenses, expenses not covered by Medicare/Medicaid, Other Insurance providers (for example: co-payments and deductibles). Must provide receipts for these expenses.

Health Insurance Premiums	\$ _____ per month	or	\$ _____ per year
Prescription Drugs	\$ _____ per month	or	\$ _____ per year
Doctor visits/medical bills	\$ _____ per month	or	\$ _____ per year
Other allowable medical costs	\$ _____ per month	or	\$ _____ per year
	\$ _____ Total per month		\$ _____ Total per year

FOR OFFICE USE ONLY:

Total Household Annual Income: \$ _____
 Minus total allowable medical expense deduction: - _____
 Equals **Total Annual Qualifying Income:** \$ _____

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 an AmeriCorps Seniors volunteer in FGP. *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	REVIEWED BY STAFF	DATE

What is considered income for determining volunteer eligibility?

According to Section 2552.44 of the [AmeriCorps Seniors] FGP Regulations and 2551.44 of the SCP Regulations:

- (a) For determining eligibility, “income” refers to total cash or in-kind receipts before taxes from all sources including:
 - (1) Money, wages, and salaries before any deduction;
 - (2) Receipts from self-employment or from a farm or business after deductions for business or farm expenses;
 - (3) Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, and military family allotments, or other regular support from an absent family member or someone not living in the household;
 - (4) Government employee pensions, private pensions, regular insurance or annuity payments, and 401(k) or other retirement savings plans; and
 - (5) Income from dividends, interest, net rents, royalties, or income from estates and trusts.
- (b) For eligibility purposes, income does **not** refer to the following money receipts:
 - (1) Any assets drawn down as withdrawals from a bank, sale of property, house or car, tax refunds, gifts, one-time insurance payments or compensation from injury;
 - (2) Non-cash income, such as the bonus value of food and fuel produced and consumed on farms and the imputed value of rent from owner-occupied farm or non-farm housing;
 - (3) Regular payments for public assistance including the Supplemental Nutrition Assistance Program (SNAP)
 - (4) Social Security Disability or any type of disability payment; and
 - (5) Food or rent received in lieu of wages.

What are allowable medical expenses that may be deducted from income?

According to the [AmeriCorps Seniors] FGP Regulations, 2552.43(c) and SCP Regulations, 2551.43(c):

Allowable medical expenses are annual out-of-pocket medical expenses for health insurance premiums, health care services, and medications provided to the applicant, enrollee, or spouse which were not and will not be paid by Medicare, Medicaid, other insurance, or other third party pay or, and ***which do not exceed 50 percent of the applicable income guideline.***

Examples of allowable out-of-pocket medical expenses include but are not limited to:

Health Insurance Costs:

Private insurance, Medicare/Medicaid premiums, co-payments and deductibles, long term care insurance

Prescription Drugs:

Pharmacy program co-payments and deductibles

Medical Bills for Dr. Visits:

Included, but not limited to: medical care, dental care, vision care not covered by health insurance

Other out-of-pocket Medical expenses:

One-time medical expense: equipment, supplies for dentures, hearing aids, eyeglasses, wheelchairs, canes, etc... Over the counter drugs and supplies not covered by health insurance: pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses

When and where are the current income eligibility guidelines published?

AmeriCorps publishes the annual income eligibility guidelines shortly after the issuance of the HHS Poverty Guidelines, usually in February or early March. When issued the income eligibility guidelines are posted at [AmeriCorps Seniors Resources](#) under “Manage AmeriCorps Seniors Grants.” ***The guidelines clarify that for eligibility purposes, income does not include the value of food stamps provided under the Food Stamp Act of 1977, as amended.***

If you have questions or need further clarification on determining income eligibility, please contact your Portfolio Manager.

