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|-----------------------------|
| FOR OFFICE USE ONLY |
| Station(s) _____ |
| Assignment(s) _____ |
| Date Assigned: ___/___/___ |
| Computer Entry: ___/___/___ |
| By: _____ |

Delta Community Action Foundation, Inc.

FGP/SCP ENROLLMENT FORM

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

Name _____

Birth Date _____ **Age** _____

Mailing Address _____

City _____ **Zip** _____

Phone _____ **Cell Phone** _____

Email _____

Have you ever been convicted of a **criminal offense or misdemeanor**?
 Yes___ No___ **If Yes**, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

| |
|---|
| Driver's License # _____ State _____ Expiration Date _____ FGP/SCP 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___ If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes ___ No___ |
|---|

As a FGP/SCP 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/SCP. Please provide the following information.

Emergency Contact _____ **Phone** _____

Beneficiary for FGP/SCP Supplemental Accident Insurance:

Name _____ **Relationship** _____

Address _____ **Phone** _____

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

Employment Experience _____

Special Skills/Interests/Languages _____

Volunteer Experience (Current, Past, Preferred) _____

Days/Hours Available: Mon____ Tues____ Wed____ Thu____ Fri____
Mornings____ Afternoons____

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

Please indicate if Delta FGP/SCP may have permission to use your likeness?

I hereby grant Delta FGP/SCP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by Delta FGP/SCP of in perpetuity. I will make no monetary or other claim against Delta FGP/SCP for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to Delta FGP/SCP.

Certifications

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Delta Foster Grandparent/Senior Companion Program. I understand that I am not an employee of the FGP/SCP Project, the sponsor, Delta Community Action, the volunteer station or the Federal Government.
- I understand that in my capacity as an FGP/SCP volunteer I may come into contact with confidential information. I agree to 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 Oklahoma. I will also keep in effect a valid Oklahoma Driver's license.

Delta FGP/SCP Volunteer Signature

Date

Delta FGP/SCP Staff Signature

Date

Equal Employment Agency - Delta FGP/SCP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. FGP/SCP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact ABC County FGP/SCP at (555) 555-1234.

Return completed registration to:

For Questions contact:

Delta FGP/SCP
 921 W. Maple Ave
 Duncan, OK 73533

Tina Casey (580) 255-3222
 tcasey09@cableone.net

The following information is optional and will not affect your enrollment with Delta FGP/SCP.

1. Occasionally Delta FGP/SCP will purchase volunteer recognition gifts to FGP/SCP members. Please share the size you would use on each item blow.

| Item | Size | Item | Size | Item | Size |
|------------|------|------|------|---------|------|
| Jacket | | Vest | | Hoodie | |
| Sweatshirt | | Hat | | T-shirt | |

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

| | | |
|---|---|--|
| Specially arranged meals <input type="checkbox"/> | Gifts <input type="checkbox"/> | Certificates <input type="checkbox"/> |
| Delta FGP/SCP logo wear <input type="checkbox"/> | Being chosen as the volunteer of the month <input type="checkbox"/> | <input type="checkbox"/> Other (Make suggestion) |

3. Delta FGP/SCP 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?

(Optional) Gender:

(Optional) Race/Ethnic Background:

_____ Male

_____ White

_____ Asian

_____ African-American

_____ Hispanic/Latino

_____ Female

_____ 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 FGP/SCP, Delta Community Action, or the Corporation for National and Community Service.



Delta Community Action Foundation, Inc.

Foster Grandparent Program

Senior Companion Program

921 W. Maple
Duncan, OK

308 SW 2nd Street
Lindsay, OK 73052

Applicant Background Information
Please Print

First Name: _____

Middle Name: _____

Last Name: _____

Other Names: _____

Address: _____

Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

City of Birth: _____

State of Birth: _____

Social Sec. #: _____

Gender: M _____ F _____

Height: _____ Feet _____ Inches

Weight: _____

Eye Color: _____

Hair Color: _____

Are you a US Citizen? Y N

Are you Hispanic? Y N

Race: _____

I certify the information contained in this update is true and correct to the best of my knowledge.

Applicant Signature

Date

FGP/SCP Staff Signature

Date