



Station(s)	
Assignment(s)	
Date Assigned:	
Computer Entry:	/

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		
Have you ever been c	onvicted of a crimina	al offense or misdemeanor?	
-		xplanation of charges, date of	
		parate sheet to be included with	
this application.	с дос о и сор.	and an act to be moraded man	
Driver's License #		_ State Expiration	
Date			
	e reimbursement for travel	l between home and volunteer site to	
the volunteers.			
Will you be claiming a miles	age reimbursement for trav	vel to and from your volunteer location?	
Yes No			
If Yes, is a copy of your pro	of of auto insurance showi	ring 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 S	Supplemental Accident Insurance:
Name	Relationship
Address	Phone
The following information volunteer opportunity:	will help FGP/SCP match you with a
Employment Experience	
Special Skills/Interests/Languages	
Volunteer Experience (Current, Past, Preferred)	
Days/Hours Available: Mon_ Mornings Afternoons	Tues Wed Thu Fri
Do you require any special acconsiderations that may impos	ccommodations or have physical or medical act a volunteer assignment?

Please indicate	if Delta	FGP/SCP	may ha	ave permis	ssion to	use y	our
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 Signa	ature	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:

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

For Questions contact:

For Questions contact:

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	
Sweatsh irt		Hat		T-shirt	

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

Specially arranged meals	Gifts	Certificates
Delta FGP/SCP logo wear	Being chosen as the volunteer of the month	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 Foster Grandparent Program **AUTHORIZATION FOR BACKGROUND CHECK**

I hereby authorize the Delta Community Action Foster Grandparent Program to conduct Department of Justice National Sex Offender Registry, OSBI Criminal History check, FBI Fingerprint check.

I understand that the information obtained in this check will be used solely for the purpose of determining my eligibility to participate in the Foster Grandparent Program is contingent upon review and will remain confidential.

I understand that while the results of the required background checks are pending I am not permitted to have access to children, persons age 55 and older, or individuals with disabilities without being accompanied by an authorized representative who has been previously cleared for such access.

However, before such determination is made, I will have reasonable opportunity to review and challenge the factual accuracy check result.

Signature	Date	
First Name		
Last Name	DOB	
County	City	
State	Zip Code	
*If residency at above address is le	ess than one year, please list previous address:	
County	City	
State	Zip Code	
	(Office Use Only)	
I have verified the identity of the ap identification card.	oplicant by examining the applicant's government iss	ued photo
Document examined (circle one): [Driver's License State Issued ID Passport Other	
Document #		
I have reviewed the results of the b	packground checks for this applicant.	
Staff Signature		Date





Delta Community Action Foundation, Inc. <u>Foster Grandparent Program</u> <u>Senior Companion Program</u>

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:	Gender: M F
Address:	_
City:	Height: Feet Inches
State:	Weight:
Zip:	Eye Color:
	Hair Color:
Date of Birth:	_
City of Birth:	Are you a US Citizen? Y N
State of Birth:	Are you Hispanic? Y N
Social Sec. #:	Race:
Logrify the information contained in this	adata in tour and convert to the best of an incident
r certify the information contained in this u	odate is true and correct to the best of my knowledge.
Applicant Signature Date	FGP/SCP Staff Signature Date