

Want to Become a Foster Grandparent or Senior Companion? Fill Out this Application!

Alamo Senior Center | SVP

2201 Puerto Rico Ave | Alamogordo, NM 88310

(575) 439-4150

Office Use
Only :
Year _____



Personal Information

Today's Date ____/____/20____ Volunteer Name _____

Physical Address _____

Mailing Address Same as Physical Address? Yes No

If No, List Mailing Address Here _____

Ph. Number _____ Home Cell

Email Address _____

Physician Name _____ Spouse Name _____

Describe Your Physical Health Excellent Average/Good Below Average Very Poor

D.O.B. ____/____/19____

Age _____

NOTE: Must be 55 or older.

Emergency Contact Info

E.C. Name _____ Relationship _____

Ph. Number _____ Address _____

Designation of Beneficiary (Insurance Purposes)

Beneficiary Name _____ Relationship _____

Ph. Number _____ Address _____

I am interested in becoming a... Foster Grandparent Senior Companion

Circle the Days You're Available SUN MON TUES WED THURS FRI SAT

Times You're Available _____

Languages Speak _____ Read _____
Write _____

Tell us WHY you want to be a Foster Grandparent or Senior Companion?

List your interests and hobbies. If possible, we try matching volunteers with clients who have the same interest(s).

For SCP Only: Do you have experience working with people who have dementia/Alzheimer's?

Yes No

Previous Volunteer Experience _____

Preferred Volunteer Assignments and/or Worksites _____

Volunteer Assignments and/or Worksites I do ***NOT*** want: _____

Activities I Would Enjoy Doing:

<p>FGP</p> <p><input type="radio"/> Tutoring Struggling Student</p> <p><input type="radio"/> Reading a Story to Student</p> <p><input type="radio"/> Helping with P.E., Music, or School Library</p> <p><input type="radio"/> Providing Emotional Support to Students</p> <p><input type="radio"/> Crafts with Student</p> <p><input type="radio"/> Help Student Practice Penmanship</p> <p><input type="radio"/> Developing Student Motor Skills</p> <p><input type="radio"/> Provide Support to English Language Learners</p> <p><input type="radio"/> Other _____</p>	<p>SCP</p> <p><input type="radio"/> Light Housekeeping/Tidy Up</p> <p><input type="radio"/> Socialization with Client</p> <p><input type="radio"/> Preparing Snacks for Client</p> <p><input type="radio"/> Drive Client to Appointments</p> <p><input type="radio"/> Grocery Shopping with Client</p> <p><input type="radio"/> Read to Client</p> <p><input type="radio"/> Take Walks with Client</p> <p><input type="radio"/> Assist Client with Financial Planning</p> <p><input type="radio"/> Other _____</p>
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Do you have any criminal convictions (other than parking violations and juvenile offenses)? Yes No

If yes, please explain _____

List two-character references (not relatives):

Name	Address	City/State	Phone

Are you interested in serving on the SVP Advisory Council? Yes No

I certify that the information I provided is true, correct, and accurate. I understand that this application does not obligate me to any volunteer work other than what I wish to do.

Applicant Signature

SVP Specialist Signature

_____/_____/20

Date

_____/_____/20

Date

APPENDIX 1 – LIST OF OTHER COUNTABLE INCOMES

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



Background Consent

I hereby consent to permit the City of Alamogordo Senior Volunteer Programs to conduct a search of criminal history information and a fingerprint-based FBI check for selection and compliance purposes.

I understand that selection into the program is contingent upon successful clearance of these checks and a search of the National Sex Offenders Public Website. I understand that if I have been convicted of murder or if I am required to be registered as a sex offender, I am ineligible to work or serve in this position.

Signature

____/____/20____
Date

The below info is needed and MANDATORY for your background check:

Race (Circle One): Asian Black Native American White	Gender (Circle One): Male Female
Hair Color (Circle One): Bald Black Blonde/Strawberry Brown Gray/Partially Gray Red/Auburn Sandy White Orange	Eye Color (Circle One): Black Blue Brown Gray Green Hazel Maroon Multicolored Pink
Height:	Weight:
State of Birth (or Country, if outside the USA):	Maiden Names, Aliases, Former Names, Names You've Previously Used:



MURDER FORM

I, _____ have never been convicted of murder as defined by 18 U.S.C. 1111:

(a) Murder is the unlawful killing of a human being with malice a forethought. Every malicious, and premeditated killing; or committed in the perpetration of, or attempt to perpetrate, any arson, escape, murder, kidnapping, treason, espionage, sabotage, aggravated sexual abuse or sexual abuse, child abuse, burglary or robbery; or perpetrated from a premeditated design unlawfully and maliciously to effect the death of any human being other than him who is killed, is murder in the first degree.

<http://www.gpo.gov/fdsys/granule/USCODE-2011-title18/USCODE-2011-title18-part1chap51-sec1111>

Volunteer Signature

Date

Thank you for your interest in becoming a Foster Grandparent or Senior Companion Volunteer. There are several steps involved in becoming a Volunteer with us. Beginning with your application.

With the return of your completed application, we need to make copies of the following documents for your file:

- **Driver License or Photo ID card**
- **Social Security Card**
- **Vehicle Insurance** (since you will be driving to and from your volunteer site)
- **Proof of Income** (such as social security income stub, retirement income stub, summary of monthly or yearly earnings, 401K stub, etc, as this helps us determine your eligibility for the stipend)

Next, we evaluate your skills, interests, and preferred areas to volunteer in, perform a preliminary background check, contact your personal references, and evaluate stipend eligibility.

Once these tasks are completed and the preliminary background check has cleared, you will then be sent for the FBI fingerprinting background check.

After the authorization of eligibility to hire has been received, we will reach out to you to start your training! You will complete 20 hours of pre-service orientation training prior to being placed as a volunteer with a client or in a classroom. We want you to feel confident and comfortable in your new role. We will work together to find the best place for you to serve.

We look forward to working with you to fulfill your desire to give back to the community in a meaningful way. Our office door is always open for you.

If you have any questions, concerns, comments please stop by the office at Alamo Senior Center, 2201 Puerto Rico Ave, Alamogordo, NM in person, call us at 575-439-4150, or email at svp@ci.alamogordo.nm.us

Have a great day!