

# Foster Grandparent Application Packet

Thank you for your interest in joining the  
**Foster Grandparent Program** with Homage Senior Services.

Foster Grandparent Volunteers are role models, mentors and friends  
To children with special and exceptional needs  
Or in circumstances that limit their academic, social, emotional development.



*A Foster Grandparent makes a difference!*

When completed, mail application to:

**Homage Senior Services  
Foster Grandparent Program  
5026 196<sup>th</sup> St. SW  
Lynnwood, WA. 98036**

Phone:

(425)514-3188

Email:

[aarbogast@homage.com](mailto:aarbogast@homage.com)

**Homage**  
Senior Services

*Well-being as we age*



**FOSTER  
GRANDPARENTS**

**Share Today. Shape Tomorrow.**



HOMAGE SENIOR SERVICES  
**VOLUNTEER SERVICE POSITION**  
**Foster Grandparent Volunteer**

5026 196<sup>th</sup> St. SW, Lynnwood, WA. 98036 #1(425)514-3188  
[www.homage.org](http://www.homage.org)

**Purpose:** The Foster Grandparent Program engages persons 55 or older in volunteer service by serving children and youth in their communities. Foster Grandparents are mentors, role models and friends to children with special and exceptional needs.

**Position Title:** Foster Grandparent Volunteer

**Location:** Community Centers, Schools, Daycares and other Volunteer Stations.

**Key Responsibilities:** Responsibilities include, but are not limited to:  
Serving/mentoring/teaching children with exceptional or special needs or children in circumstances identified as limiting their academic, social or emotional development. This could be through reading, tutoring, or socializing. Each Volunteer Station has different students with various needs.

**Knowledge or Skills Preferred:**

- Strong communication skills
- Dependable and reliable
- Ability to follow deadlines, instructions and fill out forms accurately.

**Qualifications:**

- At least 55 years of age and able to pass a criminal background check.
- Meet low income eligibility if you wish to receive the stipend.  
The stipend from this program will not interfere with or count against any Government assistance or subsidy you currently receive.

**Ergonomic Requirements:** Must receive yearly physical examination from a licensed doctor.

**Time Commitments:** Before you start volunteering you must go through a total of 20 hours of orientation and training. Qualifying low income volunteers will be paid a stipend for their orientation and training hours as well as paid hourly for volunteer work.

**Volunteer hours:** Volunteer must commit to a minimum of 8 hours per week, which includes meetings and all training. May not exceed 40 hours each week. Eligibility to be renewed by the program coordinator on an annual basis pending positive reviews and updated background checks.

**Reports To:** Volunteer Station site-supervisor and/or Program Coordinating Director.

**Support Provided:** Initial orientation; monthly meetings and training; and on-going support by program staff during agency hours.

## Volunteer Application

Please complete all fields - Blank fields will delay application.

Full legal name: \_\_\_\_\_

Other names used or preferred nickname: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Veteran: Yes / No

Ethnicity: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

Employment/Volunteer experience/interests/hobbies: \_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

\_\_\_\_\_

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

What type of transportation do you use?

I drive  My spouse or family member drives me  I take the bus

Other  \_\_\_\_\_

Availability (please check appropriate box):

Time of Day	Mon	Tue	Wed	Th	Fri	Sat	Sun
Morning							
Afternoon							
Early Evening							

**Please provide 2 character references (please do not use family members):**

1. Full name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

2. Full name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

**Certifications**

I hereby state that I offer my services as a volunteer for the Homage Foster Grandparent Program.  
I understand that I am not an employee of the project, Homage, the sponsor, or the Federal government.

I understand that in my capacity as a Foster Grandparent 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 vehicle in between my volunteer services, I will arrange to keep in effect auto liability insurance equal or greater to the minimum requirements of the State of WA.  
I will also keep in effect a valid WA Driver's License.

I verify the above information is true, and by submitting this application, I acknowledge and agree that my volunteer position with Homage Senior Services can be terminated with or without cause, and with or without notice at any time, at the option of either Homage Senior Services or myself.

I authorize Homage Senior Services to solicit information regarding my character, general reputation, previous employment and similar background information, including a background check through the Washington State Patrol, a National Sex Offender Registry search, FBI clearance and to conduct any and all references. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information I further understand that copies of this application will be kept in a personnel file as well as sent to those Homage Senior Services programs and departments in which I have indicated interest.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_\_

## Volunteer Income Verification

To be eligible to receive the \$2.65 tax-free stipend and other reimbursable benefits, you must be income eligible. Federal guidelines determine that foster Grandparent volunteers can make 200% (or less) of the current poverty level. Please note that the total amount of your income *excludes* medical expenses.

**Please check the box that applies to you:**

- 1 person household – \$2,081 / month or less
- 2 person household – \$2,818 / month or less
- 3 person household – \$3,555 / month or less
- 4 person household – \$4,291 / month or less

**Please list your sources and amounts of income below (social security, annuity, spouse, etc):**

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**If you are above the income eligibility level or are opting to be a non-stipend Foster Grandparent Volunteer, please check here.**

### Volunteer Authorization

My signature below verifies that the information above (pages 3-5) is true to the best of my knowledge.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Program Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

## Volunteer Code of Ethics

If I become a Foster Grandparent Volunteer, I will be serving under-privileged children. I realize that I will be subject to a code of ethics. I will assume certain responsibilities and will be expected to be accountable for all activities pertaining to my volunteerism. Therefore, I promise to:

- Act in accordance with the policies and procedures of the Foster Grandparent Program.
- Act as an ambassador for the Foster Grandparent Program, bridging the gap between generations.
- Serve students/children to the best of my ability, and always in the interest of increasing their knowledge and happiness.
- Treat all children with respect and consideration at all times.
- Respect the confidentiality of children and their family.
- Maintain the family as a key support system where this is an option.
- Maximize the quality of education of my assigned students by providing the best care in the assigned environment.
- Not accept money or tips from my student or their family, nor will I do extra work for Students in exchange for money.
- Not consume alcoholic beverages nor use medicine or drugs (except for treatment of a medical problem) while volunteering.
- Bring an attitude of open-mindedness and positivity.
- Be willing to receive training, supervision, and an annual evaluation.
- Understand my own needs and limitations, and not overextend myself or commit to activities that impede on my health.
- Be clear about my role as a Foster Grandparent Volunteer, and establish boundaries with my students/children if need be.
- Have a professional attitude towards my volunteerism.
- Be accurate and timely with my paperwork.
- Keep program staff informed of any changes to my students or self.

Violation of any program policies may result in disciplinary action or termination.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_



Well-being as we age

HOMAGE SENIOR SERVICES
VOLUNTEER APPLICATION – DISCLOSURE FORM

5026 196th St. SW Lynnwood, WA. 98036
425-355-1112

Your volunteering opportunities may involve unsupervised access to vulnerable adults and/or developmentally disabled persons. Answering "yes" to any of these questions will not necessarily disqualify you from volunteering. All information provided below will be held in confidence.

If the answer to any item is YES, explain in the area provided, including the charge, the date, and the courts(s) involved.

Have you ever been convicted of any crime against children, vulnerable adults or other persons? [ ] YES [ ] NO

Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult? [ ] YES [ ] NO

Have you ever been convicted of crimes related to drugs? [ ] YES [ ] NO

Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or vulnerable adult or to have physically abused any minor or vulnerable adult? [ ] YES [ ] NO

Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or developmentally disabled person or to have sexually abused or financially exploited any vulnerable adult? [ ] YES [ ] NO

Have you ever been found by a court in a protection proceeding under chapter 73.43 RCW, to have abused or financially exploited a vulnerable adult? [ ] YES [ ] NO

Please read the following carefully before signing this disclosure:

This disclosure specifies all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

I understand that Homage Senior Services will notify me of the response to this disclosure within ten days of receipt. I understand that Homage Senior Services will provide a copy of the response to me upon receipt of a request in writing submitted to the Volunteer Department.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_