

# VOLUNTEER APPLICATION

United Planning Organization (202) 610-5850 [ythompson@upo.org](mailto:ythompson@upo.org)  
 1649 Marion Barry Ave. SE / Washington, DC 20020 rev 2/16



UNITING PEOPLE  
WITH OPPORTUNITIES



**Please Print**

Name:		
Street Address:		
City:		State / Zip:
Telephone:	Cell Phone:	Last 4 digits SSN #:
Date of Birth:	Age:	Household Size:
Marital Status: <i>Married</i> ___ <i>Single</i> ___ <i>Divorced</i> ___ <i>Widowed</i> ___		
U.S. Citizen: <i>Yes</i> ___ <i>No</i> ___	Birthplace:	
Home Owner: <i>Renter:</i> ___	Year of School Completed:	
Previous Occupation:		
Are you or a member of your household a Veteran? ___ No ___ Yes Who? _____ Branch: _____ from _____ to _____		
Emergency Contact:	Telephone Number:	
How did you hear about the Foster Grandparent Program?		
What work have you done with children?		
Why do you feel that you would be a successful Foster Grandparent?		
Are you involved in any organization or clubs? If yes, please list		
Do you drive your own vehicle?	___ Yes ___ No	
Is public transportation accessible to you?	___ Yes ___ No	

**\*\*\*\*\*OVER – Complete and Sign Back of Application\*\*\*\*\***

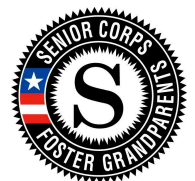
Do you have any mental or physical limitations? If yes, please explain.		Yes No
Please list the name of two persons who will serve as personal references:		
1) Name:	Phone Number:	
Address:	City/State/ Zip:	
2) Name:	Phone Number:	
Address:	City/State/ Zip:	
Program participation is based on income please list your monthly income from all sources: <b>THIS INFORMATION IS KEPT CONFIDENTIAL</b>		
Monthly Income: \$	Number of Legal Dependents:	
<p><b>Please read carefully before signing this application:</b></p> <p>I hereby consent to permit United Planning Organization (UPO) Foster Grandparent Program to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information. I hereby authorize any organization affiliated with UPO Foster Grandparent Program to investigate my background as necessary for the consideration of my application for the position of volunteer Foster Grandparent. I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish such reports thereon and I hereby release them and any organization affiliated with UPO Foster Grandparent Program from any and all liability and responsibility arising from their doing so. I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.</p>		
<b>Signature:</b>		<b>Date:</b>
<p>Upon receiving an FBI / State Criminal Record Report and or NSOR report indicating that an applicant has a criminal record which disqualifies them for service or requires further investigation the UPO Foster Grandparent Program will notify the individual within 5 business days: 1) that such a report has been received; 2) provide the individual with a copy of the report; 3) and notify the individual of their right to challenge the accuracy and completeness of the report by submitting additional information related to the criminal record and why it should not affect their volunteer service eligibility within 90 days of notification.</p>		

***Return Application to:***

**FOSTER GRANDPARENT PROGRAM**

**Attention: New Grandparents**

***1649 Marion Barry Ave. SE / Washington, DC 20020***



*Telephone (202) 610-5850 / [ythompson@upo.org](mailto:ythompson@upo.org)*

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