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Foster Grandparent Program  
12320 Parklawn Dr, Rockville, MD 20852 301-255-4238

**Program Application**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_  Home  Mobile

Birth Place \_\_\_\_\_

Marital Status \_\_\_\_\_ Yrs. of school completed \_\_\_\_\_

Veteran Status \_\_\_\_\_

ETHNIC GROUP [Optional, for statistical reporting only]

\_\_\_\_ African American      \_\_\_\_ Hispanic

\_\_\_\_ Native American/Alaskan Native

\_\_\_\_ Asian, Pacific Islander      \_\_\_\_ Caucasian      \_\_\_\_ Other

Previous Occupation \_\_\_\_\_

Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_



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ADDITIONAL INFORMATION

Tell us why you wish to be a Foster Grandparent Volunteer:

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What do you enjoy doing in your spare time – including hobbies and special skills?

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TWO CHARACTER REFERENCES (NOT RELATIVES)

Name 1 \_\_\_\_\_

Phone Number 1 \_\_\_\_\_

Name 2 \_\_\_\_\_

Phone Number 2 \_\_\_\_\_

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



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Foster Grandparent Annual Income Form

*The Foster Grandparent Program is required by the Corporation for National Services to make a yearly verification of all Foster Grandparents participating in the program. Please fill out the entire form as completely as you can. List all sources of income (ANNUAL AMOUNTS) and check for accuracy.*

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Name

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Address

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Telephone \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Marital Status:

Single     Married     Divorced     Widowed     Separated



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Current Income from all sources of Applicant and Spouse, if living in same residence	A. Volunteer's Monthly Income	B. Spouse's Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (C x 12)
Social Security	\$	\$	\$	x 12 mo.	\$
SSI / SSDI	\$	\$	\$	x 12 mo.	\$
Pension	\$	\$	\$	x 12 mo.	\$
Interest/Dividends	\$	\$	\$	x 12 mo.	\$
Other:	\$	\$	\$	x 12 mo.	\$
COLUMN TOTALS	\$	\$	\$	x 12 mo.	\$

*I certify that the information above is correct and understand that intentional FALSIFICATION of information may result in my disenrollment as a Foster Grandparent.*

Signatures

\_\_\_\_\_

Foster Grandparent

\_\_\_\_\_

Date

\_\_\_\_\_

Program Director

\_\_\_\_\_

Date



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Foster Grandparent Program  
Verification of Transportation Expense

This is to state that I, \_\_\_\_\_ pay  
\$\_\_\_\_\_ each day for transportation to and from my assigned Host Site.

My mode of Transportation is by:

(Check one)

- \_\_\_\_\_ Ride On
- \_\_\_\_\_ Taxi
- \_\_\_\_\_ Drive own car
- \_\_\_\_\_ Carpool
- \_\_\_\_\_ Other (Explain)

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Any change in transportation arrangements will be reported to the Foster Grandparent office IMMEDIATELY.

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



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Foster grandparent Program  
Beneficiary Form

First Beneficiary

Name of Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Beneficiary

Name of Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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



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**MEDICAL CERTIFICATION FORM**

It is requested that \_\_\_\_\_ be given a physical examination to determine suitability for service as a Foster Grandparent Volunteer in **Montgomery County**. In such a capacity, he/she/they will work with children who have special or exceptional needs in a classroom-type setting.

**Duties will involve one or more of the following activities:**

- Feeding and personal care of children
- Pushing children in wheelchairs
- Assisting children in classroom activities
- No heavy lifting is required; however, the position may require bending, stooping, walking short distances
- Duration of duties will be twenty hours per week (Monday through Friday)

**TO ATTENDING PHYSICIAN: WE NEED TO KNOW OF ANY EXISTING HEALTH PROBLEMS THAT MAY BE DETRIMENTAL TO THE VOLUNTEER'S ABILITY TO PERFORM THE TASKS LISTED.**

In my professional judgment, the FGP applicant  **is able**/  **is not able** to perform the type of volunteer tasks required by the Jewish Council for the Aging's Foster Grandparent Program.

**PLEASE CHECK:**

Hearing: \_\_\_\_\_ Vision: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Hernia: \_\_\_\_\_

PPD Test Date: \_\_\_\_\_ PPD Test Read Date: \_\_\_\_\_

# of mm induration: \_\_\_\_\_ Results/Interpretation: \_\_\_\_\_

Heart (\* No EKG required) : \_\_\_\_\_

Lungs (\*No X-Ray Required): \_\_\_\_\_



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Diagnosed with any Communicable Disease:    YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list:

\_\_\_\_\_

Diagnosed with any Mental Illness:                    YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Please list any other diagnosed diseases:

\_\_\_\_\_

Additional Comments (Include limitation on activities, if any)

\_\_\_\_\_

DATE OF PHYSICAL: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I hereby authorize the release of this Medical Report to the Jewish Council for the Aging's Foster Grandparent Program.

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





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**Foster Grandparent Program  
Emergency Contact Form**

Foster Grandparent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (Optional): \_\_\_\_\_

**EMERGENCY INFORMATION**

1. Emergency Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

2. Emergency Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

**Medical Information**

Doctor/Clinic name: \_\_\_\_\_

Phone: \_\_\_\_\_

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



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**Volunteer Agreement**

Volunteer's Name: \_\_\_\_\_

In accepting this volunteer assignment, I agree to abide by the following guidelines.

1. Become familiar with the policies, procedures, and practices of the agency.
2. Attend training sessions and all other scheduled meetings.
3. Maintain strict confidentiality in handling clients' problems.
4. Maintain professional conduct in all client contacts.
5. Honor the agreed upon time commitment for the position.
6. Notify the appropriate person as soon as possible if unable to work as scheduled.
7. Give at least two weeks' notice if work is to be terminated or interrupted for an extended period.

**FOSTER GRANDPARENT VOLUNTEERS MUST NOTIFY PROGRAM DIRECTOR AS SOON AS POSSIBLE IF TAKING A LEAVE OF ABSENCE OR IF WORK IS TO BE TERMINATED OR INTERRUPTED FOR AN EXTENDED PERIOD.**

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

Agency Representative Witness:

Title: \_\_\_\_\_

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



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### **Foster Grandparent Volunteer Job Description**

#### **Purpose:**

Help staff provide a welcoming and learning environment that improves their social and academic development while promoting school readiness during school hours.

#### **Education, Qualification and Experience:**

Volunteer must always have a welcoming attitude towards children and be willing to learn about working with infants, toddlers, and school-aged children in any capacity.

#### **Volunteer Job Responsibilities:**

Participate on a one-on-one basis with assigned children in such activities as:

- Reading, writing, printing, and name recognition
- Reciting parents' names, address, and telephone numbers (if appropriate)
- Identifying objects, sounds, smells, alphabet, numbers, animals, and items of nature
- Drawing, coloring, pasting, painting
- Singing, dancing, and experimenting with musical instruments (upon availability)
- Storytelling and share time
- Interacting along with assigned children in outdoor and inside activities
- Demonstrating proper table etiquette at mealtime
- Encouraging racial and cultural tolerance
- Other related learning activities assigned by host site professional staff



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**A Successful Volunteer Must:**

- Understand and be committed to the overall philosophy of their host site.
- Possess the ability to relate to people of diverse educational, cultural, and economic backgrounds.
- Model appropriate behavior with young children, parents, staff, and other disciplines.
- Have the ability to work independently and as a member of a team
- Be willing to submit to a criminal background check and fingerprinting if necessary.
- Successfully pass an annual physical examination, including a tuberculosis test.
- Participate in in-service trainings, orientation, staff meetings, and continuing education.

**SIGNATURES:**

**Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Jewish Council for the Aging is a private, non-profit organization that serves individuals regardless of race, color, religion, gender, sexual orientation, handicap, or national origin.**



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**Criminal History Check Assurances and Authorizations**

Applicant Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

**SECTION A: To be completed by the applicant.**

*I authorize **THE FOSTER GRANDPARENT PROGRAM** to conduct a check of the National Sex Offender Public Website, a State Criminal Repository Check (in the state in which I reside and the state in which I will serve), and an FBI Check. I authorize the appropriate sharing of these results with **The Foster Grandparent Program** and that the **Jewish Council for the Aging** may retain the results of this check in a secure, confidential location.*

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

*I understand that selection into the program is contingent upon **THE FOSTER GRANDPARENT PROGRAM'S** review of my criminal history check results.*

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

*I understand that I will have a reasonable opportunity to review and challenge the factual accuracy of a result before action is taken to exclude me from the position.*

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**



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

Montgomery County Public Schools (MCPS) COVID-19 Protocol: MCPS is asking all volunteers to be completely vaccinated against COVID-19. MCPS is asking for a PDF copy of your vaccination certificate. The schools will instruct volunteers on how to process if a volunteer is exposed to COVID-19. You must be comfortable with sharing your COVID-19 vaccination certificate, a State Department of Health *Certificate of COVID-19 Vaccination*, Vaccination verification provided by your health insurance provider, or a letter from a primary care physician attesting your vaccine status.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

**SECTION B: To be completed by the program staff.**

*I have considered the results of the National Service Criminal History check in selecting the individual to serve.*

\_\_\_\_\_  
**Printed Name**

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

\_\_\_\_\_  
**Date**

Volunteer Service Start Date (including training and orientation): \_\_\_\_\_



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This is a LETTER OF AGREEMENT in which the Jewish Council for the Aging appoints you to serve \_\_\_\_\_ as a Foster Grandparent Volunteer for this agency beginning \_\_\_\_\_ and continuing until Jewish Council for the Aging should terminate either the volunteer or the site contract.

You will be expected to work with children only at your designated site. You will also be expected to turn in your income statement every year in April. Jewish Council for the Aging agrees to pay a stipend of \$3.15 per hour for at least twenty hours per week. You must have a physical examination prior to coming into the program and annually thereafter. You will also receive reimbursement for transportation to and from your assignment, a hot meal, or reimbursement for a meal.

It is understood that you are being appointed in the capacity as a volunteer and not as an employee of the Jewish Council for the Aging. Therefore, you will not be entitled to employee benefits during the period of this Contract. For Federal, State, and Local purposes, no stipend shall be subjected to any tax or charges or be treated as wages or compensation for the purposes of unemployment, temporary disability, retirement, public assistance, or similar benefit payments, or minimum wage laws. The Jewish Council for the Aging has insurance coverage with Corporate Insurance Management Association that covers any accidents incurred at the Volunteer Station.

This Contract may be terminated by either party and/or by mutual agreement at any time.

I, \_\_\_\_\_, understand the terms of volunteer services and will accept the position as stated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Foster Grandparent Volunteer







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**Original Photo & Social Media Release Form**

I, for just and sufficient consideration, receipt of which is hereby acknowledged, hereby irrevocably grant to the **Jewish Council for the Aging's Foster Grandparent Program**, your successors, and assignees the right to record my likeness through photographs or video, to use the photos/footage at our discretion and to use or authorize the use of such photos or any portion thereof in any manner or media at any time or times throughout the world in perpetuity and to use my name, likeness, voice and biographical and other information concerning me in connection therewith, including promotion in all media but not for the endorsement of any product.

I acknowledge that I will not receive any compensation whatsoever in connection with: (a) the service, interviews, and performances rendered by me in connection with or as part of this project; (b) the use and exploitation of this project; or (c) the exercise by **Jewish Council for the Aging' Foster Grandparent Program** of the rights granted to them herein. I warrant that I am not a member of any union or guild that would require further payment.

I hereby release you and anyone using said photographs, film, videotape, or other material from any and all claims, damages, liabilities, costs, and expenses, which I now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding.

*Printed Name:* \_\_\_\_\_

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

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



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### **Prohibited Activities**

While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program, staff and members may not engage in the following activities: (see 45 CFR 2520.65)

- a. Attempting to influence legislation;
- b. Organizing or engaging in protests, petitions, boycotts, or strikes;
- c. Assisting, promoting, or deterring union organizing;
- d. Impairing existing contracts for services or collective bargaining agreements;
- e. Engaging in partisan political activities or other activities designed to influence the outcome of an election to any public office;
- f. Participating in or endorsing events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
- g. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;
- h. Providing a direct benefit to—
  - I. A business organized for profit;
  - II. A labor union;
  - III. A partisan political organization;
  - IV. A nonprofit organization that fails to comply with the restrictions contained in these provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
  - V. An organization engaged in the religious activities described in item g above, unless AmeriCorps assistance is not used to support those religious activities;
- i. Conducting a voter registration drive or using AmeriCorps funds to conduct a voter registration drive;
- j. Providing abortion services or referrals for receipt of such services; and
- k. Such other activities as AmeriCorps may prohibit.



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Staff, members, and volunteers may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non-AmeriCorps funds. Individuals should not wear the AmeriCorps logo while doing so.

By signing below, I certify that I have received and understand the Prohibited Activities and agree to comply.

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

**Please mail application or drop off to:  
Aliesha Morris  
Jewish Council for the Aging  
12320 Parklawn Dr, Rockville, MD 20852**