



AMERICORPS SENIORS FGP/SCP INTAKE FORM

Applying to Join (please circle one):

Foster Grandparents (mentor/tutor children) Senior Companions (help homebound elderly)

Date: _____ **Name:** _____
(Last) (First) (Middle)

Contact Information:

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Income Eligibility Information:

Marital Status: _____ Number in Household: _____

Annual Household Income: _____ Person with Income: _____

Source of Income(s): _____ Amount of Income: _____

Physician Information:

Name of Physician: _____

Address: _____ Phone: (____) _____

Miscellaneous Information:

Date of Birth: _____ Language(s) Spoken: _____

Years of School Completed: Elementary: _____ High School: _____ College: _____

Special Skills & Hobbies: _____

Please turn page over to complete form



Please List Two (2) Character References (not relatives):

Name: _____

5601 S. Braeswood, Houston, TX 77096 | (O) 713-595-8183 (F) 713-551-7223 | www.ericchouston.org/seniorcompanions



Address: _____ Phone: (____) _____

Name: _____

Address: _____ Phone: (____) _____

FGP/SCP are often asked to provide demographical information pertaining to volunteer members. Please provide the following information:

Are you a Veteran? Y N Are you an active Military Member? Y N

Are any of your family members actively serving in the military? Y N

Gender Race/Ethnic Background:

___Male___White___Asian ___African-American ___Hispanic/Latino
___Female___American Indian/Alaska Native___Pacific Islander___Other

By signing below the information provided above is true to the best of my knowledge and 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 Foster Grandparent Program (FGP) or Senior Companion Program (SCP). I understand that I am not an employee of the FGP or SCP, the volunteer station, or the Federal Government. I understand that in my capacity as an FGP or 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 am also aware that I will have to provide documents to support this application. I understand that selection into this program is subject to the results of three (3) background checks which are:

1. National Service Criminal History Check (NSCHC)
2. State Sex offender registry +NSOPW
3. FBI Fingerprint Check

Signature: _____ Date: _____
FGP or SCP Volunteer Signature

Signature: _____ Date: _____
FGP or SCP Staff Signature