

APPLICATION AND ENROLLMENT FORM
FOSTER GRANDPARENT PROGRAM/SENIOR COMPANION PROGRAM
WAGES -- 601 EAST ROYALL AVENUE, GOLDSBORO, NC 27534

NOTE: MUST BE 55 YEARS OF AGE AND MEET INCOME REQUIREMENTS

Name _____

Address _____

Phone No. _____ Date of Birth _____

Physical Condition _____ Race _____ Sex _____ Family Dr. _____

Single _____ Married _____ Widowed _____ Divorced _____ Driver's License No. _____

Social Security No. (Last Four Digits) _____ Spouse's Social Security No. (Last Four Digits) _____

Transportation _____ Previous Employment _____

Are you a veteran? Yes _____ No _____ Branch _____ Years of School Completed _____

Family Members Actively Serving in Military: Yes _____ No _____ Branch: _____

Yearly Income: _____ # In Household (HH) _____

(Must Provide Proof of income)

1 in HH - \$25,520 2 in HH - \$34,480 3 in HH - \$43,440 4 in HH - \$52,400

Emergency Contact Name _____ Relationship _____

Address _____ Phone No. _____

I would like to be with: _____ Children _____ Elderly _____ Either _____

Have you ever volunteered in either program in the past? _____ Yes _____ No _____

List two character references that **are not relatives**:

1) Name: _____ Phone: _____

2) Name: _____ Phones: _____

In connection with my activities as a FGP/SCP Volunteer, I authorize the WAGES FGP/SCP to conduct a FBI/SBI History check and National Sex Offender Registry check and to share the results only within the SCP/FGP program. I also understand that my participation in the WAGES FGP/SCP is contingent upon the criminal history review. The results will be kept confidential. **Permission to conduct criminal background check and sexual offense check:**
Yes _____ No _____

Signed: _____ Date: _____
(Name of Applicant or Enrollee)