

Foster Grandparents

Share Today. Shape Tomorrow.

VOLUNTEER APPLICATION

KI BOIS Community Action Foundation, Inc.

309 West Main * Wilburton, OK 74578

(918) 465-3381 FAX (918) 465-3053 TOLL FREE (855) 423-0916

Application Date

Personal Information

First Name	Middle	Last Name		
Address				
City		State	Zip Code	County
Telephone	Race		Sex	
Marital Status	Date of Birth		Number of People in the Household	
Social Security Number	Name of Spouse		E-mail address	

Work History

Previous Occupation	Highest Grade Completed	Where		
Special Training	Hobbies & Skills	Languages Spoken		

References *(Personal acquaintances other than relatives)*

Name	Address	City, State, Zip	Telephone
Name	Address	City, State, Zip	Telephone
Name	Address	City, State, Zip	Telephone

Income Statement

SOURCE	SELF	SPOUSE	TOTAL
Social Security	\$	\$	\$
Pension / Retirement	\$	\$	\$
SSI	\$	\$	\$
Veterans	\$	\$	\$
Other	\$	\$	\$
Total Household Income	\$	\$	\$

Out of pocket medical expenses per month \$ _____

Emergency Authorization

In case of emergency due to accident or illness, requiring a doctor's attention, a Foster Grandparent representative is authorized to call:

Physician's Name	Telephone
------------------	-----------

Other Person To Notify In Case Of An Emergency

Name	Home Telephone	Work Telephone
------	----------------	----------------

Accident Insurance Beneficiaries

The Foster Grandparent Program carries accident insurance with Corporate Insurance Management Company on each volunteer. Please list two beneficiaries for this policy and any accumulated earning with the right of revocation.

Primary Beneficiary Name	Relationship	Address
Secondary Beneficiary Name	Relationship	Address

Transportation Agreement

If accepted into the Foster Grandparent Program, I will use the following transportation for travelling to and from my **work station**. (Please check **ONLY ONE**)

Private Vehicle <input type="checkbox"/>	Walking <input type="checkbox"/>	Car Pool <input type="checkbox"/>	Other <input type="checkbox"/>
---	-------------------------------------	--------------------------------------	-----------------------------------

FOR VOLUNTEERS TO RECEIVE TRAVEL REIMBURSEMENT, THEY MUST MAINTAIN AT LEAST LIABILITY INSURANCE COVERAGE ON THEIR AUTOMOBILE AND HAVE A CURRENT DRIVER'S LICENCE.

Policy Number	Company	Agent
Expiration Date	Driver's License Number	Expiration

Background Information

Have you ever been convicted of a felony?

Yes

No

Preferences

What age groups would you like to work with? (mark all that apply)

- Babies and toddlers
- Ages 3 – 5
- Grades Kindergarten through the 4th Grade
- Junior High Kids
- High School Kids

How did you hear about the program?

Newspaper, TV or Radio <input type="checkbox"/>	Received A Flyer In Mail <input type="checkbox"/>	Present Foster Grandparent <input type="checkbox"/> if so, who? _____	Other <input type="checkbox"/> Explain _____ _____
--	--	--	---

If enrolled in this program, I understand that I will be required to acquire an annual physical examination at the expense of the Foster Grandparent Program. I also understand that I will be required to attend regular training sessions in preparation for my job assignment. Upon signing this application, I agree to keep liability insurance equal to minimum limits required by Oklahoma. I also give my permission for the Foster Grandparent Program to release any photo of me working with assigned children to any news media. I hereby certify that the statements and designations made by me in this application are true and correct to the best of my knowledge. If enrolled I will be honest in all areas including claiming hours worked, mileage claimed, annual income, etc.

Applicant Signature: _____

Date: _____

FGP Director Signature: _____

Date: _____



Oklahoma Foster Grandparent Budget Sheet

Name _____ Date _____

Total Income	
- Medical Expenses	
Total Net Income	
Number In Household	
200% Poverty Level	

Calculations:

Complete if you wish to be reimbursed for mileage (regardless of income)

Miles from home to school (round trip) _____

* Miles from home to training in _____ (round trip) _____

* Miles from home to training in _____ (round trip) _____

* Miles from home to training in _____ (round trip) _____

* Miles from home to training in _____ (round trip) _____

* complete as many of these that might possibly apply to you

The following must be completed each year (if you are reimbursed for mileage)

Automobile insurance expiration date _____

Driver's License expiration date _____

Applicant Signature: _____

Date: _____

Foster Grandparents

Share Today. Shape Tomorrow.

KI BOIS Community Action Foundation, Inc.

309 West Main * Wilburton, OK 74578

(918) 465-3381 FAX (918) 465-3053 TOLL FREE (855) 423-0916

Dear Physician:

Our Program requires us to provide a yearly physical to assure that the Foster Grandparents are mentally and physically capable of serving as volunteers. Community contributions help us fund this non-profit program that serves special/exceptional needs of children. Please help us by providing this service as a contribution to our program.

Shaunda Noah, FGP Director

This is to certify that _____ is a patient of mine. I last saw him/her on _____ and found him/her to be free of communicable disease and in good health. This person is in my opinion capable / not capable of serving as a Foster Grandparent volunteer.
(circle one)

Comments: _____

_____ Physician's Signature	_____ Date	<u>\$100.00</u> Value of In-Kind Contribution
--------------------------------	---------------	--

Oklahoma Volunteer Code of Ethical Conduct

The safety, welfare and well being of our volunteers and youth are of primary concern to all involved with the Foster Grandparent Program. To promote the basic principles of awareness, support and protection, the Program has adopted the following Volunteer Code of Ethics.

1. I will act as a positive role model for others by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.
2. I will always respect others and treat them with dignity.
3. I will never: Strike, spank, slap, pinch or grab anyone. Humiliate, degrade, threaten, frighten or embarrass anyone. Use sexual or otherwise inappropriate touching or use a demeanor that could be interpreted as sexual. Use inconsistent standards: for example, communicating one behavior and rewarding the opposite, or exhibiting favoritism toward particular children.
4. I will treat all people equally regardless of their financial status, race, sex, age, disability, religion or culture.
5. I will maintain a positive attitude and use positive reinforcement, encouragement and support.
6. I will use gentle guidance and redirection but will not discipline children.
7. I will not use profanity.
8. I will not use, possess, or be under the influence of alcohol or illegal drugs while volunteering.
9. I will not smoke or use tobacco products in the presence of children while volunteering.
10. I will avoid being put in a situation where I am alone with a child.
11. I will refrain from inviting a child to my home or to a social event.
12. I understand that I am required to report to my direct supervisor known or suspected instances of child abuse and/or neglect; and failure to report is a violation of Oklahoma law.
13. I will respect and keep confidential other volunteer personal information.
14. I understand that I may have access to confidential information. All information about children, their families, site staff or other volunteers, including exposure to child's records, behavior or progress is privileged and strictly confidential. I understand that all rules of confidentiality will be observed whether I am at the volunteer site, social events, at the grocery store, attending an in-service or at home. However, in order to provide appropriate service as a Foster Grandparent, I may discuss certain confidential information with Program staff or my direct supervisor at the site, when needed.

Foster Grandparents

Share Today. Shape Tomorrow.

KI BOIS Community Action Foundation, Inc.

309 West Main * Wilburton, OK 74578

(918) 465-3381 FAX (918) 465-3053 TOLL FREE (855) 423-0916

VOLUNTEER AGREEMENT CONCERNING CLIENT CONFIDENTIALITY

Confidentiality is the cornerstone of a trusting relationship between a volunteer and a child, family or school.

I _____ (volunteer's name – typed or printed) understand that as a Foster Grandparent, I will have access to certain sensitive information about the student and/or school I am serving. Information may include but not limited to medical, academic, emotional and other confidential personal information.

I agree to restrict my use of such information to the performance of my volunteer duties. I agree to not reveal or disclose information pertaining to any student or teacher or school personnel, except when in the direct contact with the Volunteer Station and/or the Foster Grandparent Program Staff.

A breach of confidentiality may consist of but is not limited to:

- Talking about a child/family/teacher by name with your family or friends;
- Talking about a child with his/her family without the child's or school's permission;
- Telling anyone other than the Foster Grandparent Program Staff or School Staff the name of your student.

I hereby acknowledge my obligation to exercise good faith and integrity in all dealings with the child/family/teacher and his or her personal information in the performance of my duties as a senior volunteer. I understand that violating this agreement may result in my dismissal as a senior volunteer.

I have read and understand the above confidentiality statement and hereby agree to abide by this rule.

Applicant Signature: _____ Date: _____

I agree that I have received a copy of the Foster Grandparent Program Volunteer Handbook and The Code of Ethical Conduct.

I fully agree to abide by the policies set forth in both documents.

I understand that I may be relieved of my duties if I violate these rules or other Foster Grandparent Program policies or procedures.

Applicant Signature: _____ Date: _____