

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. _____

Status: Single _____ Married _____ Widowed _____ Divorced _____

Social Security No. _____ Spouse's Social Security No. _____

Transportation _____ Previous Employment _____

Years of School Completed _____ Driver's License No. _____

Yearly Income: _____ # In Household (HH) _____

(Must Provide Proof of income)

1 in HH - \$ 21,660 2 in HH - \$29,140 3 in HH - \$36,620 4 in HH - \$44,100

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 _____

Address _____

(2)

Name _____ Phone _____

Address _____

Signed: _____
(Name of Applicant or Enrollee)

Signed: _____
(Person Taking Application)

Date: _____