

**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. \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

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 - \$ 23,540      2 in HH - \$31,860      3 in HH - \$40,180      4 in HH - \$48,500

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)