



Community Action of Evansville & Vanderburgh County

401 S.E. 6th Street, Suite 001

Evansville, IN 47713

(812) 425-4241

AmeriCorps Seniors Foster Grandparent Program Enrollment Form



**AmeriCorps
Seniors**

FOR OFFICE USE ONLY

Station(s) _____

Assignment(s) _____

Date Assigned: ____/____/____

Computer Entry: ____/____/____

By: _____

Community Action of Evansville and Vanderburgh County, Inc./CAPE

AMERICORPS SENIORS VOLUNTEER ENROLLMENT FORM

Please print and complete all sections. Forms with original signatures are required for enrollment.

Name _____ Birth Date _____ Age _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Have you ever been convicted of a **criminal offense or misdemeanor**? Yes___ No___ If Yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Driver's License # _____ State _____ Expiration Date _____

AmeriCorps Seniors SCP/FGP provides a mileage reimbursement for travel between home and volunteer site to the volunteers.

Will you be claiming a mileage reimbursement for travel to and from your volunteer location? Yes___ No___

If Yes, is a copy of your proof of auto insurance showing active coverage attached? Yes ___ No___

As a AmeriCorps Seniors volunteer, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of AmeriCorps Seniors FGP/SCP. Please provide the following information.



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Emergency

Contact _____ Phone _____

Beneficiary for AmeriCorps Seniors FGP/SCP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

The following information will help AmeriCorps Seniors FGP/SCP match you with a volunteer opportunity:

Employment _____

Experience _____

Special _____

Skills/Interests/Languages _____

Volunteer Experience (Current, Past, Preferred) _____

Days/Hours Available: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____

Mornings _____ Afternoons _____

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment?

Please indicate if AmeriCorps Seniors FGP/SCP may have permission to use your likeness?

☐ I hereby grant CAPE, Inc. FGP/SCP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by AmeriCorps Seniors FGP/SCP of CAPE, Inc. in perpetuity. I will make no monetary or other claim against AmeriCorps Seniors FGP/SCP of CAPE, Inc. for the use of these photograph(s)/video(s).

☐ I do not give permission to use my likeness in photograph(s)/video(s) to CAPE, Inc. FGP/SCP.



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Certifications

By signing below, I acknowledge 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 CAPE, Inc. FGP/SCP Program. I understand that I am not an employee of the AmeriCorps Seniors FGP/SCP Project, the sponsor, CAPE, Inc., the volunteer station or the Federal Government.
- I understand that in my capacity as an AmeriCorps Seniors 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 understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Indiana. I will also keep in effect a valid Indiana Driver's license.

AmeriCorps Seniors Volunteer Signature	Date	Staff Signature	Date
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Equal Employment Agency – CAPE, Inc. FGP/SCP is an equal opportunity Agency. Enrollment is done without regard to race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service. AmeriCorps Seniors FGP/SCP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact CAPE, Inc. FGP/SCP at (812) 425-4247.

Return completed registration to: Original Signatures are Required on the Form	CAPE, Inc. FGP/SCP 401 S.E. 6 th St., Suite 001 Evansville, IN 47713	For Questions contact: (812) 425-4241 BKnelson@capeevansville.org
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The following information is optional and will not affect your enrollment with CAPE FGP/SCP.

1. How would you like CAPE to show our appreciation to you?

Some ideas: Certificates / Meals / Small gifts / CAPE or FGP Logo wear / Being chosen as the Volunteer of the month / Being highlighted in a newsletter / etc.

2. AmeriCorps Seniors FGP/SCP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? Yes ___ No ___ Are you an active Military Member? Yes ___ No ___

Are any of your family members actively serving in the military? Yes ___ No ___

(Optional) Gender:

___ Male
___ Hispanic / Latino
___ Female
___ Other

(Optional) Race/Ethnic Background:

___ White ___ Asian ___ African-American
___ American Indian / Alaska Native ___ Pacific Islander

Thank you for the information you have provided. Your information is **never** sold, shared, or used outside of AmeriCorps Seniors FGP/SCP, CAPE, Inc. or the AmeriCorps Seniors.