

Want to Become a Foster Grandparent or Senior Companion? Fill Out this Application!

Alamo Senior Center | SVP

2201 Puerto Rico Ave | Alamogordo, NM 88310

(575) 439-4150

Office Use
Only :
Year _____



**AmeriCorps
Seniors**



Personal Information

Today's Date ____/____/20____ Volunteer Name _____

Physical Address _____

Mailing Address Same as Physical Address? Yes No

If No, List Mailing Address Here _____

Ph. Number _____ Home Cell

Email Address _____

Physician Name _____ Spouse Name _____

Describe Your Physical Health Excellent Average/Good Below Average Very Poor

D.O.B. ____/____/19____

Age _____

NOTE: Must be 55 or older.

Emergency Contact Info

E.C. Name _____ Relationship _____

Ph. Number _____ Address _____

Designation of Beneficiary (Insurance Purposes)

Beneficiary Name _____ Relationship _____

Ph. Number _____ Address _____

I am interested in becoming a... Foster Grandparent Senior Companion

Circle the Days You're Available SUN MON TUES WED THURS FRI SAT

Times You're Available _____

Languages Speak _____ Read _____
Write _____

Tell us WHY you want to be a Foster Grandparent or Senior Companion?

List your interests and hobbies. If possible, we try matching volunteers with clients who have the same interest(s).

For SCP Only: Do you have experience working with people who have dementia/Alzheimer's? Yes No

Are you interested in serving on the SVP Advisory Council? Yes No

Previous Volunteer Experience _____

Preferred Volunteer Assignments and/or Worksites _____

Volunteer Assignments and/or Worksites I do **NOT** want: _____

Activities I Would Enjoy Doing:

<p>FGP</p> <p><input type="radio"/> Tutoring Struggling Student</p> <p><input type="radio"/> Reading a Story to Student</p> <p><input type="radio"/> Helping with P.E., Music, or School Library</p> <p><input type="radio"/> Providing Emotional Support to Students</p> <p><input type="radio"/> Crafts with Student</p> <p><input type="radio"/> Help Student Practice Penmanship</p> <p><input type="radio"/> Developing Student Motor Skills</p> <p><input type="radio"/> Provide Support to English Language Learners</p> <p><input type="radio"/> Other _____</p>	<p>SCP</p> <p><input type="radio"/> Light Housekeeping/Tidy Up</p> <p><input type="radio"/> Socialization with Client</p> <p><input type="radio"/> Preparing Snacks for Client</p> <p><input type="radio"/> Drive Client to Appointments</p> <p><input type="radio"/> Grocery Shopping with Client</p> <p><input type="radio"/> Read to Client</p> <p><input type="radio"/> Take Walks with Client</p> <p><input type="radio"/> Assist Client with Financial Planning</p> <p><input type="radio"/> Other _____</p>
--	--

Do you have any criminal convictions (other than parking violations and juvenile offenses)? Yes No

List two character references (not relatives):

Name	Address	City/State	Phone

I certify that the information I provided is true, correct, and accurate. I understand that this application does not obligate me to any volunteer work other than what I wish to do.

Applicant Signature

_____/_____/20_____
Date

SVP Specialist Signature

_____/_____/20_____
Date

Once you complete this application + Income Eligibility sheet (next page), you have three options:

1. Drop off at the Alamo Senior Center, Attention: Ryan Sanders OR
2. Mail to: SVP Programs, 2201 Puerto Rico Ave, Alamogordo, NM 88310 OR
3. Scan/photocopy and email to the following email address: rsanders@ci.alamogordo.nm.us

Please call 575-439-4150 and ask for Ryan Sanders (SVP Specialist) if you have any questions.

Office Use Only :

Year _____

Income Eligibility

New Applicant

Existing Foster Grandparent/Senior Companion

In order to receive a stipend for the FGP/SCP Program, the volunteer "cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline for the state in which he or she resides" [Code 45 CFR 2551.43] [FGP/SCP Handbook section 8.1.3]. Persons aged 55 or older with incomes that exceed eligibility guidelines may be enrolled in AmeriCorps Seniors FGP/SCP projects as non-stipend volunteers [Code 45 CFR 2551.101] [FGP/SCP Handbook section 8.1.4]. Annual income is required to be counted for the **past 12 months** for volunteers **currently serving** and estimated for the **upcoming 12 months** for **new** volunteers.

Volunteer Name _____

Number in household _____

Marital Status Married Single Widow(er) Divorced Legally Separated

In all categories below, list ALL sources of income for the volunteer applicant AND spouse, if living in the same residence.

	A. Volunteer's Monthly Income	B. Spouse's Monthly Income (If Applicable)	C. Total Monthly Income (A+B)		D. Total ANNUAL Income (C x 12)
Social Security	\$	\$	\$	x 12 mo	\$
Pension/Retirement Savings Plan	\$	\$	\$	x 12 mo	\$
Interest/Dividends	\$	\$	\$	x 12 mo	\$
Other <i>*See Appendix 1 for list of other countable incomes</i>	\$	\$	\$	x 12 mo	\$
Column Totals	\$	\$	\$	x 12 mo	\$

Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted. See Appendix 1 for examples of allowable medical deductions.

Health Insurance Premiums \$ _____ per month or \$ _____ per year
 Prescription Drugs \$ _____ per month or \$ _____ per year
 Doctor Visits/Medical Bills \$ _____ per month or \$ _____ per year
 Hearing Aids/Batteries, Vitamins, Eyeglasses, Wheelchairs, Cains, Denture Supplies \$ _____ per month or \$ _____ per year
 Any Other Allowable Medical Costs (See Appendix 1) \$ _____ per month or \$ _____ per year

FOR OFFICE USE ONLY: Total Household **ANNUAL** Income: \$ _____
 Minus total allowable medical expense deduction: - \$ _____
Equals Total Annual Qualifying Income = \$ _____

Director: Check One Qualifies/Eligible for Stipend Does NOT Qualify/Ineligible for Stipend

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as an AmeriCorps Seniors volunteer in FGP/SCP/SDP. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

_____/_____/20

Volunteer Signature

Date

_____/_____/20

Reviewed by Sponsor Staff

Date

What is considered income for determining volunteer eligibility?

According to Section 2552.44 of the [AmeriCorps Seniors] FGP Regulations and 2551.44 of the SCP Regulations:

- (a) For determining eligibility, “income” refers to total cash or in-kind receipts before taxes from all sources including:
- (1) Money, wages, and salaries before any deduction;
 - (2) Receipts from self-employment or from a farm or business after deductions for business or farm expenses;
 - (3) Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, and military family allotments, or other regular support from an absent family member or someone not living in the household;
 - (4) Government employee pensions, private pensions, regular insurance or annuity payments, and 401(k) or other retirement savings plans; and
 - (5) Income from dividends, interest, net rents, royalties, or income from estates and trusts.
- (b) For eligibility purposes, income does **not** refer to the following money receipts:
- (1) Any assets drawn down as withdrawals from a bank, sale of property, house or car, tax refunds, gifts, one-time insurance payments or compensation from injury;
 - (2) Non-cash income, such as the bonus value of food and fuel produced and consumed on farms and the imputed value of rent from owner-occupied farm or non-farm housing;
 - (3) Regular payments for public assistance including the Supplemental Nutrition Assistance Program (SNAP)
 - (4) Social Security Disability or any type of disability payment; and
 - (5) Food or rent received in lieu of wages.

What are allowable medical expenses that may be deducted from income?

According to the [AmeriCorps Seniors] FGP Regulations, 2552.43(c) and SCP Regulations, 2551.43(c):

Allowable medical expenses are annual out-of-pocket medical expenses for health insurance premiums, health care services, and medications provided to the applicant, enrollee, or spouse which were not and will not be paid by Medicare, Medicaid, other insurance, or other third party pay or, and **which do not exceed 50 percent of the applicable income guideline.**

Examples of allowable out-of-pocket medical expenses include but are not limited to:

***Health Insurance Costs:**

Private insurance, Medicare/Medicaid premiums, co-payments and deductibles, long term care insurance

***Prescription Drugs:**

Pharmacy program co-payments and deductibles

***Medical Bills for Dr. Visits:**

Included, but not limited to: medical care, dental care, vision care not covered by health insurance

***Other out-of-pocket Medical expenses:**

One-time medical expense: equipment, supplies for dentures, hearing aids, eyeglasses, wheelchairs, canes, etc... Over the counter drugs and supplies not covered by health insurance: pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses



**AmeriCorps
Seniors**

Background Consent

I hereby consent to permit the City of Alamogordo Senior Volunteer Programs to conduct a search of criminal history information and a fingerprint-based FBI check for selection and compliance purposes.

I understand that selection into the program is contingent upon successful clearance of these checks and a search of the National Sex Offenders Public Website. I understand that if I have been convicted of murder or if I am required to be registered as a sex offender, I am ineligible to work or serve in this position.

Signature

____ / ____ /20____
Date

The below info is needed and MANDATORY for your background check:

Race (Circle One): Asian Black Native American White	Gender (Circle One): Male Female
Hair Color (Circle One): Bald Black Blonde/Strawberry Brown Gray/Partially Gray Red/Auburn Sandy White Orange	Eye Color (Circle One): Black Blue Brown Gray Green Hazel Maroon Multicolored Pink
Height:	Weight:
State of Birth (or Country, if outside the USA):	Maiden Names, Aliases, Former Names, Names You've Previously Used:

MURDER FORM

I, _____ have never been convicted of murder as defined by 18 U.S.C. 1111:

(a) Murder is the unlawful killing of a human being with malice a forethought. Every malicious, and premeditated killing; or committed in the perpetration of, or attempt to perpetrate, any arson, escape, murder, kidnapping, treason, espionage, sabotage, aggravated sexual abuse or sexual abuse, child abuse, burglary or robbery; or perpetrated from a premeditated design unlawfully and maliciously to effect the death of any human being other than him who is killed, is murder in the first degree.

<http://www.gpo.gov/fdsys/granule/USCODE-2011-title18/USCODE-2011-title18-part1chap51-sec1111>

Volunteer Signature

Date