



GREENE LAMP COMMUNITY ACTION FGP 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 _____

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 FGP 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 FGP. Please provide the following information.

Emergency

Contact _____ Phone _____



Beneficiary for FGP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

The following information will help FGP 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 FGP may have permission to use your likeness?

I hereby grant Greene Lamp FGP 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 FGP of Greene Lamp in perpetuity. I will make no monetary or other claim against FGP Greene Lamp for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to Greene Lamp FGP.

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 Greene Lamp Foster Grandparent Program. I understand that I am not an employee of the FGP Project, the sponsor, Greene Lamp Community Action, the volunteer station or the Federal Government.
- I understand that in my capacity as an FGP 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 _____. I will also keep in effect a valid [State] Driver's license.

FGP Volunteer Signature

Date

FGP/SCP Staff Signature

Date

Equal Employment Agency – Greene Lamp Community Action FGP 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. FGP 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 Greene Lamp FGP Program Director.

Return completed registration to:

Greene Lamp Community Action
309 Summit Ave
Kinston, NC 28501

For Questions contact:
Priscilla Wiggins
(252)523-7770 ext101

pwiggins@greenelamp.org



The following information is optional and will not affect your enrollment with Greene Lamp FGP.

1. Occasionally Greene Lamp FGP will purchase volunteer recognition gifts to FGP members. Please share the size you would use on each item blow.

Item	Size	Item	Size	Item	Size
Jacket	<input type="text"/>	Vest	<input type="text"/>	Hoodie	<input type="text"/>
Sweatshirt	<input type="text"/>	Hat	<input type="text"/>	Shoe size (for snow cleats)	<input type="text"/>

2. Which show of appreciation would mean the most to you? (Check all that apply)

Specially arranged meals <input type="checkbox"/>	Gifts <input type="checkbox"/>	Certificates <input type="checkbox"/>
ABC FGP/SCP logo wear <input type="checkbox"/>	Being chosen as the volunteer of the month <input type="checkbox"/>	Being highlighted in the newsletter <input type="checkbox"/>
Other (Make suggestion)		

3. FGP is often asked to provide demographical information pertaining to volunteer members. Please provide the following information (Optional).

Are you a Veteran? _____ Are you an active Military Member? _____

Are any of your family members actively serving in the military?

(Optional) Gender: (Optional) Race/Ethnic Background:

____ Male ____ White ____ Asian ____ African-American ____ Hispanic/Latino

____ Female ____ American Indian/Alaska Native ____ Pacific Islander ____ Other

Thank you for the information you have provided. Your information is **never** sold, shared, or used outside of FGP, Greene Lamp/ government or the Corporation for National and Community Service.