



ROCKY MOUNTAIN DEVELOPMENT COUNCIL, INC.
P.O. Box 1717 | 200 South Cruse Avenue | Helena, MT 59624-1717
phone: 406.447.1680 | toll free: 800.356.6544 | fax: 406.447.1629

Foster Grandparent Volunteer Job Description

Brief Description of the Foster Grandparent and its purpose: To connect the generations and provide volunteer service that addresses community needs. To create meaningful relationships with children. To provide extra support and attention to special or exceptional needs children in order to improve their physical, mental, emotional, and social development so they may grow to reach their maximum potential and become as independent as possible. To serve children in schools, Early Head Start, Head Starts and faith based sites.

Summary of Job: The Foster Grandparent Program offers people, age 55 and older, opportunities to serve as mentors and tutors for children and youth with special needs. They provide 5-40 hours of weekly service to community organizations such as schools, daycare's and Head Start. When a Foster Grandparent is assigned to a child, the primary focus should be on the relationship between the Foster Grandparent and the child. Activities should help Grandparents communicate with their assigned children and facilitate constructive person-to-person relationships. Foster Grandparents are encouraged to provide warm friendship, interests, understanding, individualized attention and unhurried help as required by the particular needs of a child. Foster Grandparents work in a variety of settings.

Responsibilities:

- To commit to 5-40 hours of service per week.
- To spend individual time with assigned children.
- To inform the volunteer station if they are going to be late, absent or unable to work.
- To abide by the rules of the volunteer station and Foster Grandparent Program.
- To respect confidentiality of children.
- To keep time sheets and mileage reimbursement forms up to date and accurate.
- Complete the required one time 20 hours of pre-service and 24 hours of in-service annually.
- To use the most effective methods of communication with supervisors, and AmeriCorps Seniors staff, if applicable.
- Mentor / tutor at-risk students as designated by the school, teacher, or supervisor.
- Help with activities as directed by the Assignment and Assessment Plan.
- Offer emotional support.

Qualifications:

- Enjoy working with and helping children.
- Ability and willingness to take direction from supervisor.
- Willing to adapt/learn job specific skills; listening, tutoring method.
- Relate comfortably with people without regard to race, color, sex, sexual orientation, pregnancy, religion, age, national origin, genetic information, disability, military status, familial status, political affiliation, or any other characteristic protected by law.
- Enrollment is contingent upon the ability to be successfully matched with a station.



- Professionalism: Approaches others in a tactful manner; reacts well under pressure; accepts responsibility for own actions; follows through on commitments; treats others with respect and consideration regardless of their status or position.
- FBI Fingerprints, Criminal, Sex Offender and background checks required.

Reasonable Accommodations

Rocky, Inc. AmeriCorps Seniors programs is committed to providing reasonable accommodations to employees or non-paid staff applicants with disabilities, in accordance with federal and state law. A reasonable accommodation enables a qualified individual with a disability equal opportunity to provide the same level of performance, enjoy equal benefits, and receive equal privileges as a member who does not have a disability. Disclosure can happen from an informal conversation to a formal written request for an accommodation. It can also happen at any time during the term of service, from the interview, to months after you begin serving.

Benefits:

- Tax-free stipend and mileage reimbursement.
- Ongoing in-service.
- Paid personal leave - encompasses vacation and sick time.
- Paid holidays (10 per year).
- Insurance: excess accident, automobile liability and medical coverage while at volunteer assignments.
- Appreciation from Rocky, Inc. AmeriCorps Seniors programs.

Within the range of 5 - 40 hours per week, approximately how many hours do you wish to serve? _____

What days of the week do you wish to volunteer?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

I have read the above Foster Grandparent volunteer job description and agree to perform these responsibilities.

Signature: _____ Date: _____



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AMERICORPS SENIORS PROGRAM VOLUNTEER APPLICATION

Check which program you are
applying for:

☐ Foster Grandparent

☐ Senior Companion

Rocky Mountain Development Council, Inc. (Rocky) AmeriCorps Seniors Programs is an equal opportunity agency. All qualified candidates will receive consideration for volunteer positions without regard to race, color, sex, sexual orientation, pregnancy, religion, age, national origin, genetic information, disability, military status, familial status, political affiliation, or any other characteristic protected by law.

Do you need an accommodation to participate in the application or interview process? ☐ Yes ☐ No

PLEASE PRINT CLEARLY

Date of
Application:

Last Name: _____ First Name: _____ Middle Initial: _____

Street
Address:

Street Apt# City State Zip Code

Mailing
Address:

Street Apt# City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred
Method of
Contact:

☐ Home Phone

☐ Cell Phone

☐ Email

☐ No Preference

Date of
Birth:

MM / DD / YYYY

Sex: ☐ Male ☐ Female

How were you referred to AmeriCorps Seniors Programs for volunteer opportunities?

Briefly describe your employment history:	
Briefly describe your previous volunteer experience:	
Briefly describe your experience working with children, seniors, and/or the disabled:	

Please list two references that are not related to you, but are familiar with your work and/or relevant skills:

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____

Emergency Contact:

Name: _____ Phone Number: _____ Relationship: _____

Address: _____

Street City State Zip

Please provide a copy of your current auto insurance showing active coverage and driver's license.

Automobile Insurance Company: _____ Expiration Date: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Placement with AmeriCorps Senior Programs includes free volunteer secondary insurance coverage. As a volunteer, coverage is automatic and free of cost to you as long as you are an active, enrolled member of AmeriCorps Seniors. Coverage includes a small death benefit, excess accident medical, excess volunteer liability, and excess automobile liability coverage while performing volunteer duties. This coverage does not apply to any damage to your vehicle – you must maintain your own auto liability coverage at least equal to the state-required minimums.

☐**Initial here for Certification of Information**

The information that you provided on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for volunteer service. I hereby state that I am 55 years of age or older and offer my services for ROCKY AmeriCorps Seniors Programs. I understand that I am not an employee of AmeriCorps Seniors Programs, ROCKY, the volunteer station or the Federal Government. With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all references and employers to release information they may have about me and I release all persons or companies from any liability or responsibility for providing such information. I understand that I am not an employee of Rocky AmeriCorps Seniors Programs, the volunteer station or the Federal Government.

☐**Initial here for Confidentiality**

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.

☐**Initial here for Personal Vehicle Use**

I understand that if I use my personal vehicle in my volunteer services, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Montana. I will also keep in effect a valid driver's license.

☐**Initial here for Certification of Background Check**

I understand that selection into any program is contingent upon successful clearance of the National Sex Offender Public Website, and also includes a Montana State Criminal History Check and an FBI Finger Print Check. I understand that I am ineligible to work or serve in this position if I decline to complete the application process, if I provide a false statement about any information provided, if I have been convicted of murder or if I am required to be registered as a sex offender.

Have you ever been convicted of a crime? ☐ Yes ☐ No

If "yes" please explain:

☐**Initial here for Certification of Complaints**

I understand it is unlawful to retaliate against any person who, or organization that, files a complaint about discrimination. In addition to filing a complaint against local and state agencies that are responsible for resolving discrimination complaints, I may bring a complaint to the attention of the Corporation for National and Community Service.

☐**Initial here for Image Release**

Voluntarily and without compensation, I give Rocky AmeriCorps Seniors Program permission to record my image and grant Rocky AmeriCorps Seniors Program all rights to use these photographs in any medium for educational, promotional, advertising, or other purposes that support the mission of the agency. I release images in any media now known or later developed. I understand that this may also include use by organizations and entities which provide funding to Rocky AmeriCorps Seniors Program. I understand that it is my responsibility to remove myself from the picture taking area and/or inform the photographer if I do not wish to be photographed.

My signature below acknowledges that I have read and agree to adhere to the initialed conditions listed above.

Signature: _____ **Date:** _____

Voluntary Self-Identification

Rocky AmeriCorps Seniors Programs is subject to governmental recordkeeping and reporting requirements, and is asked to provide demographical information pertaining to volunteer members. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential.

Please provide the following information.

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 ☐ Not Sure

Ethnicity: ☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino

Racial Group: ☐ African American/Black ☐ Asian/Asian American
☐ Native American or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ White/Caucasian ☐ Two or More Races

Disability: ☐ Identify as a member of the Disability community

Please describe: _____

☐ Do not identify as a member of the Disability community

All qualified applicants will receive consideration for placement without regard to race, religion, color, sex, age, sexual orientation, national origin, marital status, disability or other legally protected status. I understand it is unlawful to retaliate against any person who, or organization that, files a complaint about such discrimination. In addition to filing a complaint against local and state agencies that are responsible for resolving discrimination complaints, you may bring a complaint to the attention of the Corporation for National and Community Service at <https://www.nationalservice.gov/> or 1-800-942-2677 or local office at 406-449-5404.



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Foster Grandparent Program New Volunteer Income Review

In order to receive a stipend, a Foster Grandparent must be at least 55 years of age and cannot have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline for Montana. **New volunteers should estimate their income for the upcoming 12 months.**

Name: _____ Telephone: _____

Address: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er) ☐ Legally Separated

Housing: ☐ Own with Mortgage/Loan ☐ Own Free/Clear ☐ Rent ☐ Occupy without Payment

Current Income from all sources of Applicant and Spouse, if living in the same residence	A. Volunteer's Monthly Income	B. Spouse's Monthly Income	C. Total Monthly Income (A+B)		D. Total Annual Income (Cx12)
Social Security	\$	\$	\$	x 12 mo.	\$
Pension/Retirement Savings Plan	\$	\$	\$	x 12 mo.	\$
Interest/Dividends	\$	\$	\$	x 12 mo.	\$
Other: <i>See back for list of other countable income</i>	\$	\$	\$	x 12 mo.	\$
COLUMN TOTALS	\$	\$	\$	x 12 mo.	\$

Allowable deductions for medical expenses if any: *See back 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
Other Allowable Medical Cost	\$	per month	or	\$	per year
Total	\$	per month	or	\$	per year

FOR OFFICE USE ONLY:

Total Household Annual Income:	\$
Minus total allowable medical expense deductions:	- \$
Equals Total Annual Qualifying Income:	\$

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 a Foster Grandparent. 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.

Volunteer Signature _____ Date _____

Program Director Signature _____ 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, alimony, and military family allotments, or other legally-mandated family support.;
 - (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

When and where are the current income eligibility guidelines published?

AmeriCorps publishes the annual income eligibility guidelines shortly after the issuance of the HHS Poverty Guidelines, usually in February or early March. When issued, the income eligibility guidelines are posted on the [FGP](#), [RSVP](#), [SCP](#), and/or [SDP](#) grantees page. ***The guidelines clarify that for eligibility purposes, income does not include the value of food stamps provided under the Food Stamp Act of 1977, as amended.***