# Appendix C.7 – Sample AmeriCorps Seniors FGP-SCP Enrollment Checklist

**ABC COUNTY Foster Grandparent/Senior Companion Program**

AmeriCorps Seniors Volunteer Enrollment Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  |
| City: |  |  State | Zip: |  |
| Date of First Call:  |  | Date Phone Interview: |  |
| Appointment Date: |  | Appointment Time: |  |
| How did you hear about Program? |  |
| Comments: |
|  |
| ID Verification:(Photocopy) |  | Income ReviewDate: |  |
| Auto Insurance Expiration:  |  | Auto InsuranceCarrier |  |
| NSOPWDate Checked:  |  | NSOPWResult:  | [ ]  No Hits, Approved to serve[ ]  Hits resolved \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Not eligible \_\_\_\_\_\_\_\_\_\_\_ |
| FBI FingerprintCheck Initiated: |  | FBI Check Results Date: | [ ]  No Hits Approved[ ]  Approved w/ Dir CS \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Not approved w/Dir CS \_\_\_\_\_\_\_\_\_\_\_ |
| State Check Initiated: |  | State Check Result Date:  | [ ]  No Hits Approved[ ]  Approved w/ Dir CS \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Not approved w/Dir CS \_\_\_\_\_\_\_\_\_\_\_ |
| Application Date |  | Enrollment Date |  | Vol Number |  |
| ***Note:*** *Staff should sign and date CHC section check boxes. Steps for completing NSCHC must be in project’s written policy.*  |

**Training:** *(Volunteers in training must be accompanied prior to CHC approval.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Date** | **Time** | **Trainer/ Accompaniment**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I have considered the results of the National Service Criminal History check in selecting this individual to serve.

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_