



6 Court Street, Delhi, NY 13753

Membership Application

Thank you for applying to be a part of the Legacy Corps of Delaware County, "Adopt a Grandparent" Program. The completion of this application does not guarantee your acceptance as a program participant. After you have completed this application form, you will be contacted by the Coordinator for either a telephone or face-to-face interview. All applicants will be notified in writing regarding the final status of their application. All decisions are based on the information provided in this application, your interview and references.

Personal Profile

1. Name: _____
Last First

2. Date of Birth: _____ Gender: _____ M _____ F

3. Current Address:

Street Address City State Zip Code

4. Phone: _____ Email: _____

5. Emergency Contact:

Name Phone Number Relationship

Name Phone Number Relationship

Educational Information

6. Indicate the college year you are completing this year and what program you need/involved with to perform community service requirements if necessary.

Year: _____ **Program:** _____

Community Service Experience

7. Describe any type of volunteer service you provide now or have provided in the past. Think in broad terms. Your involvement might have been helping out a neighbor in time of need, a community service project, a sports organization, fund raising efforts, faith-based activities or other civil/social service projects.

A. Dates of Involvement: From: _____ To: _____
Month/Year Month/Year

Type or category of volunteer service provided: _____

Estimated hours of service provided per month: _____

B. Dates of Involvement: From: _____ To: _____
Month/Year Month/Year

Type or category of volunteer service provided: _____

Estimated hours of service provided per month: _____

C. Dates of Involvement: From: _____ To: _____
Month/Year Month/Year

Type or category of volunteer service provided: _____

Estimated hours of service provided per month: _____

How Did You Hear About This Program

8. Indicate how you found out about the Legacy Corps Program.

- A. Guidance/Advisory _____
B. Friend _____
C. Other: _____

Certification

I certify that all the statements made in this application are true, correct and complete to the best of my knowledge and are made in good faith. I understand that any misinformation or omission of information could result in my disqualification and/or termination from the Legacy Program.

I also understand that the submission of this application and/or subsequent interview does not constitute my acceptance into the Legacy Corps Program.

Signature of Applicant:

Date:

If you are under 18 years of age:

I, _____, give my permission for _____ to
(parent or legal guardian) (student name)

participate in the “Adopt a Grandparent Program in effort to fulfill some or all his/her community service requirement associated with their school related program. I will not hold the Legacy Corps of Delaware County, Office for the Aging of Delaware County or Delaware Support and Services or any of their employees, legally responsible for any injury or illness that may occur during my child’s association with the “Adopt a Grandparent” program.

The completed application and reference form should be submitted to:

**Karen “Kit” Marshfield
Legacy Corps Program Coordinator
6 Court Street
Delhi, NY 13753**

Any questions, please do not hesitate to contact her at 607.746.6333