





Physical Condition:      Excellent      Good      Fair      Poor  
Please explain any restrictions: \_\_\_\_\_  
\_\_\_\_\_

Name, Address, and Phone Number of contact in an Emergency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Physician \_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken \_\_\_\_\_

Do you have any criminal convictions (other than parking violations and  
Juvenile offenses?                      Yes                      No  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You are required to complete a fingerprint card which will be sent to you  
after your application is approved.**

Please list three character references who are **not relatives or medical  
professionals:**

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_

### **Applicant's Statement**

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision.

This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any other offer constitutes a contract unless a specific document to that effect is executed in writing.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Foster Grandparent Program.

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Signature of Applicant

Date \_\_\_\_\_

PLEASE SUBMIT TO:

Laramie Foster Grandparent Program  
P. O. Box 520  
Laramie, WY 82073

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