



Volunteer Application

Name: _____

Address: _____
Street or Box City State Zip

Phone: _____ Email: _____

Date of Birth: _____ Gender: _____ Are you a veteran? Yes No

Is a member of your family (i.e. son, grandson, son-in-law, daughter, granddaughter, daughter-in-law or other person) serving in the Military? If yes who (i.e. grandson): _____

Please check one of the following: Married Single Divorced Widowed

Please check one of the following: Non-Hispanic White Hispanic/Latino Asian
 Native American African American Prefer not to answer Other: _____

How did you hear about the Senior Companion Program? _____

Tell us why you wish to be a Senior Companion volunteer: _____

What type of transportation do you plan to use? _____

Membership in Senior Clubs or Organizations: _____

Hobbies and Special Skills: _____

Language(s) spoken: _____

Availability

Days Available (please check all that apply): Mon Tues Wed Thurs Fri

Time of day Available (please check all that apply): Mornings Afternoons

Comments: _____

How many hours are you willing to serve per week? 10 15 20 Other _____

Character References

Please provide two character references who are not relatives:

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

Monthly Income Sources & Amounts

Senior Companion Program volunteers, who are income eligible, receive a non-taxable stipend (\$4.00/hour) to reimburse them for their time. Please help us to determine your eligibility.

Social Security	\$
SSI	\$
Current Wages from Employment	\$
Retirement/Pension	\$
Other (may include interest/investments, rental property, any other income)	\$
Spouse's Income (may include social security, SSI, current work, pension, any other income)	\$
TOTAL MONTHLY INCOME	\$

National Service Criminal History Check (NSCHC)

All Senior Companion Program applicants are required to undergo a NSCHC before being accepted into the program. The NSCHC has three components:

- A nationwide name-based check of the National Sex Offender Public Website,
- A name- or fingerprint-based search of the statewide criminal history registry in the applicant's state of residence and in the state where the person will serve or work, and
- A fingerprint-based FBI check.

An applicant that refuses to undergo the NSCHC will not be enrolled into the program. An applicant may also be disqualified for: making a false statement in connection with the NSCHC, being registered or being required to be registered on a sex offender registry, or having been convicted of murder. *Further instruction and paperwork will be presented at the time of an interview.*

I agree to undergo the NSCHC process; I understand that selection into the program is contingent upon the review of the results. I further understand that I will be provided a reasonable opportunity to review and challenge the factual accuracy of the results before action is taken to exclude me from a volunteer position.

I certify that the information furnished in this application is correct and understand that falsification of information may result in my being deemed ineligible to serve as a Senior Companion volunteer.

Applicant Signature

Date