

## SENIOR COMPANION PROGRAM

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

WHY DO YOU WANT TO BE A SENIOR COMPANION: \_\_\_\_\_

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PREVIOUS WORK HISTORY: \_\_\_\_\_

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PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

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HOBBIES OR OTHER INTEREST: \_\_\_\_\_

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MEANS OF TRANSPORTATION:

PUBLIC TRANSIT \_\_\_\_\_ DIAL-A-RIDE \_\_\_\_\_ OWN AUTOMOBILE \_\_\_\_\_ OTHER \_\_\_\_\_

WORK PREFERRED: INDIVIDUAL HOME \_\_\_\_\_ INSTITUTION OR AGENCY \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_

PHYSICAL CONDITION: EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

ANY PHYSICAL LIMITATIONS: \_\_\_\_\_

PRIMARY PHYSICIAN'S NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NO. OF PERSONS LIVING AT HOME: \_\_\_\_\_

REFERENCES:

NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ALL APPLICANTS FOR SENIOR COMPANION PROGRAM MUST MEET INCOME ELIGIBILITY REQUIREMENTS. THEY MUST BE WITHIN 125 PERCENT OF THE POVERTY LEVEL PRIOR TO BEING SELECTED AS VOLUNTEERS.

I UNDERSTAND THAT IF I AM SELECTED AS A SENIOR COMPANION VOLUNTEER THAT I AM NOT AN EMPLOYEE OF CATHOLIC FAMILY & CHILD SERVICE OR THE VOLUNTEER STATION. I ALSO UNDERSTAND THAT IF I AM SELECTED, I WILL BE REQUIRED TO PROVIDE SATISFACTORY PROOF OF IDENTITY WITHIN THREE DAYS OF BEING SELECTED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE TERMINATION OF MY SELECTION FOR VOLUNTEERING. I ALSO UNDESTAND THAT I MUST SUBMIT TO A CRIMINAL BACKGROUND CHECK AND THAT VOLUNTEERING IS CONDITIONAL BASED ON RECEIPT OF A SATISFACTORY REPORT. I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND THAT I SEEK VOLUNTEERING UNDER THESE CONDITIONS.

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

