

APPLICATION AND ELIGIBILITY FORM

Name (Typed or Printed)

Date of Birth

Address

City, Zip Code

Home Phone

Other Phone

Social Security Number

Email Address

Signature

Date

Years of School Completed _____

Country of birth? _____

Previous Occupations:

It is essential that volunteers have good motor reflexes, ample mobility, sound hearing and good vision or have the necessary adaptations to meet that goal. Volunteers should also be mentally alert, emotionally stable, and able to make sound judgments and comprehend special instructions.

Physical Condition: Excellent- Good- Fair- Poor-

Please Explain:

Contact in case of Emergency

Name

Relationship

Address

Phone #

Physician's name

Phone #

How did you hear about or who referred you to our program?

Tell why you want to be a Senior Companion:

Do you have your own means of transportation? Yes No

List Memberships in Clubs and Organizations:

List Hobbies and Special Skills:

Language(s) Spoken: _____

The following information in this box is **voluntary** for you to provide:

Race/Ethnicity

- American Indian or Alaskan Native
- Asian
- Black or African American
- Caucasian
- Hispanic or Latino (persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)
- Pacific Islander

Did you serve in the United States military? Yes No

Check any week day you are **unable** to serve: Mon- Tues- Wed- Thurs- Fri-

Do you have any criminal convictions (Other than parking violations and juvenile offenses?) Yes No

If yes, please describe _____

Do you consent to the Senior Companion Programs performing or arranging a criminal history check in accordance with the Federal requirements for the Senior Companion Program? Yes No

Please list two character references (not relatives)

	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____