

12/3/2014

SENIOR COMPANION APPLICATION
Senior Companion Program of Lane County
101 West 10th Avenue, Eugene, Oregon 97401
541-463-6260

In order for your application to be considered complete, please return this completed application form & a copy of your current driver's license or State ID to our office.

NAME: _____ PHONE: _____
 First Middle Last

ADDRESS: _____
 Street/PO Box City State Zip

E-MAIL: _____ AGE: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ LAST YEAR OF SCHOOL COMPLETED: _____

How would you describe your physical condition?

Excellent ___ Good ___ Fair ___ Poor ___ Please explain:

What is your main means of transportation? Walking ___ Bicycle ___ Bus ___ Car ___

What transportation do you plan to use as a Senior Companion? _____

With which ethnic group do you identify most strongly?

Asian/Pacific Islander ___ Black ___ Hispanic ___ Native American ___ White ___

In case of an emergency, who should we contact?

Name: _____ Relationship: _____

Phone: _____ Address: _____

Personal Doctor's Name : _____ Phone: _____

How did you hear about the Senior Companion Program? _____

What goals are you seeking in your volunteer work as a Senior Companion?

Desire to help others ___ Desire for self-improvement ___ Desire to be with others ___

Sense of purpose ___ Find challenging work ___ Senior Advocacy ___ Stay Busy ___

Give back to others who helped me ___ Other _____

Please tell us a little about yourself.

Hobbies/Special Interests _____

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GroupMemberships_____MilitaryService_____

Please list two character references that are not family members.

Name	Street Address	City/State	Phone
Name	Street Address	City/State	Phone

Please tell us about those previous occupations that you most enjoyed.

Please list below your projections of the sources and amounts of the income for you and your spouse if applicable for the next 12 months.

<u>SOURCE</u>	<u>AMOUNT</u>	
	Monthly	Annual
Social Security <i>(Please DO NOT include your SS#)</i>	_____	_____
Pensions	_____	_____
SSI	_____	_____
Other	_____	_____
TOTAL		_____

Number of persons in your household who are dependent on the above listed family income (please count yourself as one). _____

The above information is true and accurate to the best of my knowledge. I authorize verification of all data furnished with regard to my eligibility to serve as a Senior Companion. I verify that I have not been convicted of any criminal offense. If I have been convicted of any offense, I have listed it on a separate sheet of paper and attached it to this form. Additionally, I authorize the SCP staff to conduct an Oregon Criminal Registry Check, an FBI fingerprint check and a National Sex Offender Public Registry Check (NSOPR) and that my participation in the program is contingent on acceptable results from these checks. I understand that documentation of those checks will be kept in my personnel file in the program office, and that this information will be treated as confidential.

Applicant's Signature _____ Date _____

SCP office signature _____ Date _____

Application Accepted _____ Not Accepted _____ Reason _____