



Senior Companion Program Volunteer Enrollment Form

Please print and complete all sections.

Name _____ Birth date _____

Street Address _____ City, Zip _____

Phone _____ Social Security No. _____

Do you have a car? Yes No Claiming mileage reimbursement? Yes No

Driver's License No. _____ State _____ Exp. Date _____

***If claiming mileage reimbursement, please include a copy of your proof of insurance.**

Emergency Contact: Name _____

Address _____

Phone _____

Beneficiary for Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ Phone _____

Employment Experience _____

Skills/Interests/Languages _____

Volunteer Experience _____

I authorize the Senior Companion Program to conduct a check of the National Sex Offender Public Website, a State Criminal Repository Check (in the state in which I reside and the state in which I will serve) and an FBI Check.

Signature of Senior Companion

Date

I understand that I am not an employee of the Senior Companion Program, the sponsor, the volunteer station or the Federal Government. I agree that if I use my personal automobile to and from my volunteer work station or during my assignment, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.

Signature of Senior Companion

Date

Tell why you wish to be a Senior Companion _____

List Hobbies and Skills: _____

Willing to Serve: Mornings _____ Afternoons _____

Please list two character references (not relatives)

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>PHONE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PLEASE LIST INCOME SOURCES AND AMOUNTS FOR CURRENT YEAR:

SOCIAL SECURITY	\$ _____	TOTAL NUMBER OF PERSONS IN HOUSEHOLD _____
SSI	\$ _____	
PENSION/RETIREMENT	\$ _____	OUT OF POCKET MEDICAL EXPENSES PER MONTH \$ _____
NET RENT	\$ _____	
INTEREST	\$ _____	ESTIMATED INCOME FOR NEXT 12 MONTHS \$ _____
STOCKS/BONDS	\$ _____	
OTHER (EXPLAIN)	\$ _____	
TOTAL	\$ _____	

PLEASE SUBMIT TO:

Senior Companion Program
600 West 5th St., San Bernardino, CA 92410
(909) 384-5413

The following section to be completed by Senior Companion Program Staff:

I have verified the identity of the applicant by examining the applicant's government issued photo identification card.

Document examined (circle one): **Driver's License** **State Issued ID** **Passport** **Other:** _____
ID Number: _____

Print Staff name/Signature/Date _____

Date Individual sent for Fingerprinting/background checks _____

Date Individual cleared background checks _____