The Center
Senior Companion Program

Applicant Information

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip

Telephone #: _____ Date of Birth: _____ Male or Female

Years of school completed: _____
Previous Occupation: _____
Previous Volunteer Experience (List agency/type): _____

_____

_____

Two Character References (Not Family):

_____

Name Address Phone

_____

Name Address Phone

Physical Condition: (Circle One) Excellent Good Fair Poor

Do you have any physical limitations? _____

_____

Hobbies/Special Interests: _____

_____

Membership in Senior Organization?
Why do you wish to become a Senior Companion? _____

_____

_____

_____

Job Location Preference: _____

Mornings: _____ Afternoons: _____ Other: _____

Do you plan to use your own car? _____

_____ _____

Senior Companion's Signature Date

The Center
Senior Companion Program

Application for Eligibility

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip

County: _____ Telephone #: _____

Date of Birth: _____ Age: _____

Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Number of persons living in your home: _____

Income Sources and Amounts (for all members in the household)

Applicant's Social Security	$ _____/ month
Spouse's Social Security	$_____/month
Pension Income	$_____/month
Wages	$_____/month
Stocks & Bonds	$_____/month
Other	$_____/month
Total Monthly	**$**_____
Total Annually	**$**_____

The above information is true and correct to the best of my knowledge.

_____ _____
Signature of Applicant Date