

ONLINE APPLICATION for Becoming a SENIOR COMPANION

Senior Companion Program of Lane County
1059 Willamette Street, Ste. 227, Eugene, Oregon 97401

www.lanecc.edu/scp

Please call the office at (541) 463-4630 for more information

NAME: _____ PHONE: _____

First Middle Last

ADDRESS: _____

Street/PO Box City State Zip

SOCIAL SECURITY #: _____ 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 ___

Driver's License # _____ Issued in which State? Oregon ___ Other _____

Auto Insurance Company _____ Policy # _____

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 _____

Group Memberships _____

(cont'd below)

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 your family income for the next 12 months.

<u>SOURCE</u>	<u>AMOUNT</u> Monthly	Annual
Social Security _____	_____	_____
Pensions _____	_____	_____
SSI _____	_____	_____
Investments _____	_____	_____
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. Additionally, I authorize the SCP staff to conduct an Oregon Criminal Registry Check and a National Sex Offender Public Registry Check (NSOPR) and to keep documentation of those checks in my personnel file in the program office. I have been assured that this information will be treated as confidential.

Applicant's Signature	Date
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Email Address _____

Program Director's Signature	Date
Application Accepted _____ Not Accepted _____ Reason _____	