



Senior and Adult Services

SENIOR COMPANION PROGRAM
Volunteer Interest form
P. O. Box 269131
Sacramento CA 95826
916-875-3622

NAME: _____ Date: _____

ADDRESS Street: _____
City/State/Zip Code: _____

Cell Phone Number: _____ Home Phone Number: _____

Email address: _____

How would you prefer to be contacted? _____

Age: _____ Birth Date: _____ Female [] Male [] Other [] Decline to State []

Do you have a driver's license and drive your own car? Yes [] No []

Have you had a car accident or moving violation within the last 3 years? Yes [] No []

Present Monthly Income: \$ _____

There are (number) _____ persons in my household dependent on the income listed above.

Which languages other than English do you speak: _____

What are your hobbies or special interests? _____

If you have ever volunteered before, in what capacity or program? _____

What do you feel would make you an asset to the Program? _____

Have you ever worked with seniors or, people with disabilities? If so, please describe. _____

In what geographic area would you prefer to serve:
[] Downtown [] North Area [] South Area [] East Area [] Other (Specify)

What hours of service do you prefer?
[] Morning [] Midday [] Afternoon [] No Preference

How did you hear about the Senior Companion Program? _____

Thank you for your interest in the Senior Companions Program. We will hold this interest form for 1 year from the date received. If an appropriate opening becomes available during that time, we will contact you using the information above and invite you to apply. The application process will include an application form, a physical exam and a background check. I authorize the Senior Companions Program to request a Law Enforcement agency certification relating to criminal records. I authorize the Senior Companions Program to search the National Sex Offender Public Website for information related to sexual offenses.

Signature of Applicant: _____ Date: _____