



## SENIOR COMPANION PROGRAM APPLICATION

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Init. \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_  
\_\_\_\_\_  
(City, State, Zip)

Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

U.S. Citizen yes \_\_\_\_\_ no \_\_\_\_\_

U.S. Veteran yes \_\_\_\_\_ no \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Have you ever been convicted of a crime? yes \_\_\_ no \_\_\_ If "yes" please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Annual Income

Social Security	\$ _____
Supplemental Security Income	\$ _____
Pensions	\$ _____
Other Income	\$ _____
<b>TOTAL INCOME</b>	<b>\$ _____</b>

Allowable deductions for medical expenses, if any. Please note up to 50% of the maximized qualifying amount can be deducted.

Health Insurance Premiums	\$ _____ per month or	\$ _____ per year
Prescription Drugs	\$ _____ per month or	\$ _____ per year
Doctor visits/medical bills	\$ _____ per month or	\$ _____ per year
Other allowable medical costs	\$ _____ per month or	\$ _____ per year
<b>TOTAL</b>	<b>\$ _____ per month or</b>	<b>\$ _____ per year</b>

**TOTAL ADJUSTED INCOME** \$ \_\_\_\_\_

Employment Experience

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Volunteer Experience

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What experience do you have dealing with seniors or the disabled? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Please check one of the following:

Race:

- American Indian or Alaskan  Asian  Black or African American
- Hispanic or Latino  Native Hawaiian or Other Pacific Islander
- Two or more races  White

Ethnicity:

- Hispanic/Latino  Non-Hispanic\Latino

Please list two references (name, address, phone number) who are not related to you but are familiar with your work whom we may contact.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

As a Senior Companion I hope to (check all that apply)

- \_\_\_\_\_ Remain active
- \_\_\_\_\_ Develop new skills/experiences
- \_\_\_\_\_ Make new social connections
- \_\_\_\_\_ Feel that I am making a difference
- \_\_\_\_\_ Earn more income

I prefer to volunteer: mornings\_\_\_\_\_ afternoons\_\_\_\_\_ weekends\_\_\_\_\_

Within the range of 15-40 hours per week, approximately how many hours do you wish to serve?\_\_\_\_\_

Please list any physical limitations to be accommodated with regard to your volunteer placement:\_\_\_\_\_

Placement as a Senior Companion includes free excess liability insurance coverage.

Insurance Beneficiary:\_\_\_\_\_
Relationship:\_\_\_\_\_
Address:\_\_\_\_\_
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Automobile Insurance Company:\_\_\_\_\_
Driver's License Number:\_\_\_\_\_

I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the State of Montana. \_\_\_\_\_ (Please include a copy of your driver's license and proof of insurance with your application) ←

The Senior Companion Program and Rocky Mountain Development Council does not discriminate against or in the operation of its program on the basis of race, color, national origin, sex, age, political affiliation, religion, or on the basis of disability, if the participant or member is a qualified individual with a disability.

Please be aware that you will be asked to sign a Confidentiality Agreement (on the back of this page) and submit to Federal/State Criminal Background Checks and fingerprinting. You will need to have an annual physical exam.

I certify that the answers I have given in the foregoing questions are true and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. I understand any misleading or incorrect statements may render this application void and if hired would be cause for termination.

Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_

Director/Coordinator Signature\_\_\_\_\_

Date\_\_\_\_\_

**Statement of Confidentiality**  
**Volunteer**

I, the undersigned, understand the need for confidentiality in my position as a Volunteer.

I certify that all program required, privileged, or personal information about or obtained from seniors/disabled adults will be treated as confidential information.

No employee or volunteer may divulge any information about any recipient of services provided by the site.

**Failure to adhere to this policy is cause for disciplinary action.**

Confidential information may be shared **ONLY** with the volunteer’s immediate supervisor.

Concerns about suspected abuse and/or neglect must be discussed immediately with the volunteer’s site supervisor.

-----  
Signature of Volunteer

-----  
Date



**Rocky Mountain Development Council (RMDC)**  
**Photo Release**

**RMDC** feels pictures bring the **RMDC** stories to life; therefore there may be times we would like to publish your picture to help tell the **RMDC** story

**RMDC** has my permission to use my photograph for promotional materials produced, used by and representing **RMDC**. I understand **RMDC** may exhibit my photo to promote awareness of **RMDC** through TV, newspaper, websites and/or social media, brochures and other forms of publicity. I understand I will not be compensated for this use.

-----  
Signature of Volunteer

-----  
Date