



**AmeriCorps
Seniors**

VERMONT SENIOR COMPANION PROGRAM APPLICATION

Please print and complete all information requested.

Date _____ E-Mail _____

1. Name _____ Telephone _____

2. Address _____

3. Social Security # _____ Are you a Veteran: Yes No

4. Marital Status: Single Married Widow/Widower Other

5. Date of Birth _____

Place of Birth _____

6. Do you have any problems with reading and writing? Y N

7. Highest grade level completed _____

8. Major previous occupation _____

9. Have you ever worked with elderly or disabled people? Y or N

10. Where did you hear about the Senior Companion Program? _____

11. Why would you be a successful Senior Companion? _____

12. If you know someone who would make a good Senior Companion, please tell us their name and phone number:

Name _____ Phone Number _____

Name _____ Phone Number _____

Age Well
Erica Marks, Coordinator
875 Roosevelt Hwy,
Ste. 210
Colchester, VT 05446
802-662-5249

**Central Vermont
Council on Aging**
Sarah Semler,
Coordinator
59 N Main St, Ste 200
Barre, VT 05641
802-476-0151

**Northeast Kingdom
Council on Aging**
Patty Beckwith,
Coordinator
5452 US Rte 5
Newport, VT 05855
802-334-4816

Senior Solutions
Vicki Mastroianni,
Coordinator
38 Pleasant St
Springfield, VT 05156
802-885-2655

**Southwestern Vermont
Council on Aging**
Aaron Brush, Coordinator
143 Maple St.
Rutland, VT 05701
802-786-5991 x216

Vermont Senior Companion Program Application (Continued)

13. Person to notify in case of emergency:

Name _____ Relationship _____

Address _____ Phone _____

14. Physician's name and phone _____

15. Do you have your own car? Y N

If yes, please list current VT driver's license number _____

License expiration date _____

Please list insurance company _____

Policy number _____

Insurance expiration date _____

16. If you do not have your own car, are you able to use a taxi, bus, or other mode of transportation? Y N

17. List senior clubs or organizations of which you are a member _____

18. List your hobbies and special skills _____

19. Do you speak another language? Y N If yes, which language? _____

20. Is there anything else we should know about you? _____

21. Do you have any criminal convictions? Y or N

If yes, please describe _____

22. List two character references: (Not family members)

Name	Relationship	Telephone
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_____	_____	_____
_____	_____	_____

Vermont Senior Companion Program Application (Continued)

(Please do not complete this page until you meet with Program Coordinator)

23. Beneficiary for the Senior Companion Program Accident & Liability Insurance

Name of beneficiary Relationship

Address _____

Volunteer Date of Birth

Volunteer Signature

Date

24. I understand that if I use my personal automobile to and from my volunteer assignments, I will keep in effect automobile liability insurance equal or greater than required by the state.

Volunteer Signature

Date

25. Confidentiality Statement: I have read and understand what confidentiality means and I agree to respect the confidentiality of the clients and their families. I understand that if I should break this confidence, I may be asked to leave the Vermont Senior Companion Program.

Volunteer Signature

Date

26. Publicity Release Form: I, _____, give my permission to the Vermont Senior Companion Program and Age Well to use photographs of me taken for publicity or fundraising purposes. I expect no payment of any kind.

Volunteer Signature

Date

Signature of Program Coordinator

Date