



Serving Anderson, Boyle, Franklin, Garrard, Jessamine, Lincoln, Mercer, Scott and Woodford Counties.

### SENIOR COMPANION PROGRAM VOLUNTEER APPLICATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City ZIP County

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Phone \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_ Male \_\_\_\_ Female

Marital Status \_\_\_\_ Married \_\_\_\_ Single \_\_\_\_ Widowed \_\_\_\_ Divorced

Race \_\_\_\_ Black \_\_\_\_ White \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Native American \_\_\_\_ Other

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Do you smoke? \_\_\_\_ Yes \_\_\_\_ No

Are you a veteran? \_\_\_\_ Yes \_\_\_\_ No Annual Income? \_\_\_\_\_

Means of Transportation \_\_\_\_ Drive \_\_\_\_ Public Transportation

Any allergies or physical limitations we need to accommodate? \_\_\_\_\_

Any Chronic Illnesses? \_\_\_\_\_

Medications Taken Regularly? \_\_\_\_\_





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Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Hobbies & Past Employment \_\_\_\_\_

Why would you like to be a Senior Companion? \_\_\_\_\_

References (provide two character references other than relatives)

Name	Address	City/State/ZIP	Phone
_____			
_____			

Have you ever been convicted of a crime?      Yes      No

If yes, please explain \_\_\_\_\_

Have you had any moving violations in auto within the last five years?      Yes      No

If yes, please explain \_\_\_\_\_

The above information is complete and correct to the best of my knowledge. I give the Senior Companion Program permission to obtain background and reference information from the persons listed above and the appropriate local, state or federal agencies.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Senior Companion Staff \_\_\_\_\_ Date \_\_\_\_\_

