

Senior Companion Volunteer Application Form

Personal Information

First Name

Email

Last Name

Phone Number

Address

City

State

Zip Code

Date of Birth

Emergency Contact

Name

Relationship

Phone

Volunteer Availability

Days Available

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred Hours per Week

Experience & Interests

Related Volunteer or Professional Experience

Why are you interested in becoming a Senior Companion Volunteer?

Languages Spoken or Relevant Skills

References

Reference 1 Name

Reference 1 Phone

Reference 2 Name

Reference 2 Phone

Background Information

Have you ever been convicted of a felony?

☐ Yes ☐ No

If yes, please explain

Signature

Signature

Date
