



**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District



**SENIOR COMPANIONS**  
Make Independence a Reality

|                         |
|-------------------------|
| <u>OFFICE USE ONLY</u>  |
| APPROVED: _____         |
| STATUS: _____           |
| SCHEDULE PHYSICAL Y / N |

## Volunteer Application

Name on Your Driver's License \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip Code*

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Gender \_\_\_\_\_ Marital Status \_\_\_\_\_ Do you smoke? YES NO

Race/Ethnic Background

White Asian African-American Hispanic/Latino Pacific Islander  
American Indian/Alaska Native Other \_\_\_\_\_

Are you a Veteran? YES NO Are you an active Military Member? YES NO

Are any of your family members actively serving in the military? YES NO

Physical, Visual, Hearing or Other Impairment \_\_\_\_\_

Do you own a reliable vehicle? YES NO

If not, what is your source of transportation? \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_ Renewal Date \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Highest level of education completed \_\_\_\_\_

Computer skills? YES NO Would you like to learn more about computers? YES NO

**PROVIDE THE LAST THREE EMPLOYERS/AGENCIES YOU WORK(ED) OR VOLUNTEER(ED) FOR**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Dates \_\_\_\_\_

Special Skills or Hobbies: \_\_\_\_\_

Memberships in clubs and organizations: \_\_\_\_\_

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

Do you have any friends who are Senior Companions? YES NO

*If yes, who and where did/do they serve?* \_\_\_\_\_

Have you ever been a Senior Companion? YES NO

*If yes, where and when did you serve?* \_\_\_\_\_

Do you have any experience working with the elderly? YES NO

*If yes, where and when?* \_\_\_\_\_

Have you ever been a primary caregiver to someone with declining health? YES NO

**MY GENERAL PHYSICAL CONDITION IS**

( ) EXCELLENT ( ) GOOD ( ) FAIR ( ) POOR

List three personal references, with phone numbers, who are not your relatives and with whom you do not live:

---

---

---

How long have you lived in this area? \_\_\_\_\_

If less than 3 years, where did you live prior? \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_

**Income eligible volunteers receive an hourly tax-free stipend for their service. Eligibility is determined by total household income less any medical expenses.**

Number of people in the household: \_\_\_\_\_

Household Income: \$\_\_\_\_\_ monthly      \$\_\_\_\_\_ yearly

Medical Expenses: \$\_\_\_\_\_ monthly      \$\_\_\_\_\_ yearly

**Please Answer the Following Questions**

If you are accepted as a Senior Companion, do you agree to attend training and/or orientation meetings which are scheduled by the Senior Companion Program Office or the facility to which you are assigned?

**Yes    No**

Do you agree to participate in an initial confidential health assessment and an annual health assessment?

**Yes    No**

Do you agree to follow the regulations of the Senior Companion Program as directed by the Senior Companion Program Director and the facility to which you are assigned?

**Yes    No**

The Senior Companion Program and Panhandle Health District require that any incident of elderly abuse, neglect, exploitation or potential harm be reported immediately to the Senior Companion Program office for review by the proper authorities. **Initials** \_\_\_\_ **Date** \_\_\_\_\_

I understand that by completing this application, my name will be submitted for an FBI and Idaho criminal history background check as part of the interview process for the Senior Companions Program. **Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**A copy of your driver's license and current auto insurance card will be required if your application is approved.**

I, the undersigned applicant to the Panhandle Health District Senior Companion Program, understand that acceptance into the program and my continued participation is dependent upon the availability of funds, the availability of work site openings, an acceptable initial and annual health assessment review, and the approval of the project director of my continuing work habits and ethics employed while assisting the elderly to whom I am assigned. I hereby certify that the statements contained herein are true and correct. I understand that any misrepresentations, falsifications or omissions will result in application denial, or if I have been accepted, termination from the Panhandle Health District Senior Companion Program.

I understand that I will be serving as a volunteer and not an employee of Panhandle Health District, the Corporation for National and Community Service, the assigned worksite or client.

I have read the statements above and by my signature acknowledge that I understand and agree to these provisions.

\_\_\_\_\_  
Signature of Volunteer/Applicant

\_\_\_\_\_  
Date

**Completed applications should be returned to:**

Senior Companions Program  
c/o Panhandle Health District  
8500 N Atlas Rd  
Hayden, ID 83835  
Phone (208) 415-5177  
Fax (208) 415-5101