Sunbeam
FAMILY SERVICES

**Senior Companion Program**
**VOLUNTEER APPLICATION**

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Gender: _____ Date of Birth: _____ Race: _____

Ethnicity (circle one): *Hispanic or Latino* *Not Hispanic or Latino*

Highest Education Level: _____ Marital Status: _____

Are you a United States Veteran? _____ YES _____ NO

Do you own and drive a vehicle? _____ YES _____NO
If yes, do you have liability insurance for your vehicle? _____ YES _____NO

Do you have a valid driver's license? _____ YES _____NO

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

If yes, give the date, nature of the offense, and the disposition. _____

_____

_____

Why do you want to be a Senior Companion Program volunteer? _____

_____

_____

_____

**List three references who can be contacted.**

| Name | Phone Number | Email Address | Relation | Years Known |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**<u>Employment History:</u>**

**Company Name:** _____ From: ___/___/_____ To: ___/___/_____

Address: _____ Position Held: _____

Describe your duties: _____

**Company Name:** _____ From: ___/___/_____ To: ___/___/_____

Address: _____ Position Held: _____

Describe your duties: _____

**Company Name:** _____ From: ___/___/_____ To: ___/___/_____

Address: _____ Position Held: _____

Describe your duties: _____

To qualify for the tax-free stipend, volunteers must meet income requirements.

Please list total monthly income: _____

If married, list spouse's total monthly income: _____

List any out-of-pocket monthly medical expenses: _____

_____

How did you discover the Senior Companion Program? _____

_____

Did someone refer you to the program? _____ YES _____ NO

If yes, who referred you? _____

**Applicant's Statement: PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of volunteer position or immediate termination of volunteerism regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee volunteer position. I further understand that, should an offer of volunteerism be extended by Sunbeam Family Services that such volunteerism with Sunbeam Family Services is at will, for no specified duration and may be terminated by either Sunbeam Family Services or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Sunbeam Family Services or its representatives used during the volunteerism process is deemed a contract of volunteerism real or implied. I understand that no representative of Sunbeam Family Services has the authority to enter into any agreement guaranteeing any conditions of volunteerism or any agreement contrary to the foregoing statements.

In consideration for a volunteer position with Sunbeam Family Services, if accepted, I agree to conform to the rules, regulations, policies and procedures of Sunbeam Family Services at all times and understand that such compliance is a condition of the volunteer position.

I understand that if offered a volunteer position with Sunbeam Family Services, I may be required to submit to a pre-volunteer medical examination, drug screening and background check as a condition of the volunteer position. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-volunteer tests and checks will result in withdrawal of any volunteer offer or termination of volunteerism if already volunteering.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Sunbeam Family Services and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Applicant Signature: _____ Date: _____

Sunbeam Family Services provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics.

As stated by the Corporation for National and Community Service: Eligibility to be a Senior Companion may not be restricted on the basis of formal education; experience; race; religion; color; national origin, including limited English proficiency; sex; age; handicap; or political affiliation.

Submit complete application to:

**Sunbeam Family Services**
**ATTN: SCP Supervisor**
**1100 NW 14th St.**
**OKC, OK 73106**

If you have any questions, contact the Senior Companion Program Supervisor at 405.609.8930 ext. 162.