



**Application/Enrollment  
Form**  
-Please Print-

**3390 Route 112, Building A, Medford, NY 11763**  
**Tel. (631) 321-8229 Ext. 1224 Fax: (631) 321-6325**

Name: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

*\*as it appears on state issued photo ID*

Address: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Telephone #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Age \_\_\_\_\_

Ethnic Group (*Voluntary, for statistical reporting only*): \_\_\_\_Caucasian \_\_\_\_African-American

\_\_\_\_Hispanic \_\_\_\_Native American/Alaskan Native \_\_\_\_Asian/Pacific Islander Other \_\_\_\_\_

Marital Status: Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_ Are you a U.S. Veteran? Yes or No

Do you have any family members actively serving in the military? YES or NO

Educational Background: \_\_\_\_\_ Previous Occupation: \_\_\_\_\_

Do you drive/own a car? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, how do you plan on getting to your volunteer placement? \_\_\_\_\_

Have you ever worked with the elderly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, in what capacity? \_\_\_\_\_

Do you have any criminal convictions (other than parking violations and juvenile offenses)? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Please be advised that all volunteers are required to undergo a criminal background check(expenses covered by the program) prior to enrollment..*

If yes, please describe \_\_\_\_\_

Please list any hobbies, skills, or talents: \_\_\_\_\_

Are you bi-lingual? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language(s) do you speak? \_\_\_\_\_

Where did you hear about the Senior Companion Program? (Please check one):

Newspaper Ad \_\_\_\_ TV \_\_\_\_ Friend \_\_\_\_ (Name \_\_\_\_\_) Other \_\_\_\_\_

What qualities do you possess that make you feel you would be a successful Senior Companion?

\_\_\_\_\_

Please list any memberships/clubs/organizations you belong to:

\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list TWO references below (not relatives):**

1. \_\_\_\_\_ - - -  
Name Relationship to candidate Phone #

2. \_\_\_\_\_ - - -  
Name Relationship to candidate Phone #

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**FOR OFFICE USE ONLY**

**ANNUAL INCOME SOURCES AND AMOUNTS FOR CURRENT YEAR:**

Social Security: \$ \_\_\_\_\_ Verified by: \_\_\_\_\_

Pension/Retirement: \$ \_\_\_\_\_ Verified by: \_\_\_\_\_

Stocks/Bonds: \$ \_\_\_\_\_ Verified by: \_\_\_\_\_

Other (explain): \$ \_\_\_\_\_ Verified by: \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

**DEDUCTIONS: \$ \_\_\_\_\_ = ANNUAL INCOME: \$ \_\_\_\_\_**

Total number of persons in household \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Applicant's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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**Annual Out of Pocket Expenses:**

Health Ins. Prem \$ \_\_\_\_\_

Prescription Drugs \$ \_\_\_\_\_

Doc. Visits/ Med Bills \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL\$ \_\_\_\_\_**

*Please be aware that we will not discriminate against FGP volunteers or in the operation of its program on the basis of race, color, national origin, gender, sexual orientation, religion, age, disability, political affiliation, marital or parental status, or military service.*

*By signing below, I certify that the above information is correct and understand that falsification of information may result in termination from the program. I also understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by the state.*

*I understand that all Senior Companions are mandated to undergo a criminal background check process as per our federal funding guidelines, and I am aware that the results are kept confidential. I understand that my participation in the program is contingent upon clearance of these results, and Federation of Organizations reserves the right to deny continued participation in the program after the results have been received and reviewed.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_