

New Volunteer Application Packet

Thank you for your interest in joining the **Senior Companion Program** at Senior Services of Snohomish County! Volunteers help drastically improve the quality of life for isolated seniors, and help make independence a reality.

Please fill out the enclosed application forms and return to:

The Center for Healthy Living, Attn: Mary Ann Higgins
4100 Alderwood Mall Blvd. Ste. #1 Lynnwood, WA 98036



Senior Companion and client walking and laughing together

Senior Services of Snohomish County

Senior Companion Program

4100 Alderwood Mall Blvd. Ste. #1 Lynnwood, WA 98036

Tel (425)879-7050 | Fax (425)740-3800

mhiggins@sssc.org czardis@sssc.org



Senior Companions
Make Independence a Reality

Volunteer Application

All fields are mandatory - Blank fields will delay application.

Full legal name: _____

Other names used or preferred nickname: _____

Mailing address: _____

City, State, & Zip: _____

Social Security # : ____ - ____ - ____

Email: _____

Home phone: (____) _____

Cell: (____) _____

Date of birth: __/__/____

Gender: M / F

Veteran: Yes No

Ethnicity: _____

Languages spoken: _____

Emergency contact name: _____

Phone number: (____) _____

Profession/interests/hobbies: _____

Why do you want to volunteer? _____

What type of transportation do you use?

I drive My spouse or family member drives me I take the bus Other

Availability (please check appropriate box):

Time of Day	Mon	Tue	Wed	Th	Fri	Sat	Sun
Morning							
Afternoon							
Early Evening							

Please provide 2 character references that you are not related to:

1. Full name: _____ Phone: (____) _____

Relationship: _____ Years known: _____

(Office use only)

Date reference called: __/__/____

Notes if applicable:

2. Full name: _____ Phone: (____) _____
Relationship: _____ Years known: _____
(Office use only)
Date reference called: __/__/____
Notes if applicable:

I verify the above information is true, and by submitting this application, I acknowledge and agree that my volunteer position Senior Services of Snohomish County can be terminated with or without cause, and with or without notice at any time, at the option of either Senior Services of Snohomish County or myself.

I authorize Senior Services of Snohomish County to solicit information regarding my character, general reputation, previous employment and similar background information, including a background check through the Washington State Patrol, a National Sex Offender Registry search, FBI clearance and to conduct any and all references. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information I further understand that copies of this application will be kept in a personnel file as well as sent to those Senior Services of Snohomish County programs and departments in which I have indicated interest.

Volunteer drivers must have proof of insurance & valid driver's license to drive while serving.

I grant permission to Senior Services of Snohomish County to photograph and publish my picture.

Signature: _____ Date: __/__/____

Volunteer Income Verification

To be eligible to receive the \$2.65 tax-free stipend and other reimbursable benefits, you must be income eligible. Federal guidelines determine that Senior Companion volunteers can make 200% (or less) of the current poverty level. Please note that the total amount of your income *excludes* medical expenses.

Please check the box that applies to you:

- 1 person household – \$1,980 / month or less
- 2 person household – \$2,670 / month or less
- 3 person household – \$3,360 / month or less
- 4 person household – \$4,050 / month or less
- 5 person household – \$4,740 / month or less
- 6 person household – \$5,430 / month or less

Please list your sources and amounts of income below (social security, annuity, spouse, etc):

If you are above the income eligibility level or are opting to be a non-stipend Senior Companion, please check here.

My signature below verifies that the information above is true to the best of my knowledge.

Signature: _____

Date: ___/___/___

Oath of Confidentiality

I understand it is the policy of Senior Services of Snohomish County to ensure the operations, activities and business affairs of the agency and our clients, suppliers, customers, donors and employees are kept confidential. If during the course of volunteering I acquire confidential information about Senior Services of Snohomish County, its clients, suppliers, customers, donors or employees such information is to be handled in strict confidence and not to be discussed or shared. Under no circumstances will I disclose client names or any other personal or medical information obtained in the course of my service with the Senior Companion Program to anyone.

All technology equipment (e.g. computer/telephone/fax) is for the exclusive use for business related matters only. This equipment is the property of Senior Services and cannot be used for private use or disservice.

I agree not to divulge any information to any unauthorized persons and will not publish or make public in any way, any confidential information received in the course of my time with Senior Services of Snohomish County.

Your signature below verifies that you have read and understood the Senior Services of Snohomish County Confidentiality Policy.

Signature: _____

Date: ___/___/___

Anti-discrimination Policy

Senior Services provides equal employment opportunities to all employees and applicants for employment without regard to race, sex, age, sexual orientation, marital status, color, creed, religion, national origin, disability, handicap or status as Vietnam-era or special disabled veteran, or use of trained guide dog or service animal by a person with a disability. We are in accordance with applicable federal laws and in compliance with the Americans with Disabilities Act, to include HIV Aids and other communicable diseases covered under the act. Additionally, the agency complies with applicable state and local laws governing non-discrimination in employment.

Senior Services provides services without regard to race, sex, age, sexual orientation, marital status, color, creed, religion, national origin, disability, handicap or status as Vietnam-era or special disabled veteran, or use of trained guide dog or service animal by a person with a disability, except in cases where contracts prescribe services to certain populations.

A copy of this policy is contained in the Senior Companion Program Volunteer Handbook. Your signature below verifies that you have read and understood the Anti-discrimination Policy.

Signature: _____ Date: __/__/____

Volunteer Code of Ethics

As a volunteer serving in vulnerable populations, I realize that I am subject to a code of ethics. I assume certain responsibilities and am expected to be accountable for all activities pertaining to my volunteerism. Therefore, I promise to:

- Act in accordance with the policies and procedures of the Senior Companion Program.
- Act as an ambassador for the Senior Companion Program, bridging the gap between isolation and companionship.
- Serve clients to the best of my ability, and always in the interest of increasing their independence and happiness.
- Treat all clients with respect and consideration at all times.
- Respect the confidentiality of clients and their family.
- Maintain the family as a key support system where this is an option.
- Maximize the quality of life of my clients by providing quality care in the most appropriate and least restrictive environment.
- Not use the client's possessions for my personal use.
- Not accept money or tips from my client or their family, nor will I do extra work for clients in exchange for money.
- Not consume alcoholic beverages nor use medicine or drugs (except for treatment of a medical problem) while volunteering.
- Bring an attitude of open-mindedness and positivity.
- Be willing to receive training, supervision, and an annual evaluation.
- Understand my own needs and limitations, and not overextend myself or commit to activities that impede on my health.
- Be clear about my role as a Senior Companion, and establish boundaries with clients if need be.
- Have a professional attitude towards my volunteerism.
- Be accurate and timely with my paperwork.
- Keep program staff informed of any changes to my clients or self.

Violation of any program policies may result in disciplinary action or termination.

Signature: _____

Date: __/__/____