

Senior Companion Volunteer Application Packet

Thank you for your interest in joining the **Senior Companion Program** at Homage Senior Services.

Volunteers can help significantly improve the quality of life for isolated seniors,
and help make independence a reality.

**Please fill out the enclosed application forms and return to: Mary Ann Higgins
5026 196th St. SW, Lynnwood, WA 98036**



A Senior Companion volunteer enjoys visiting with a client

Homage Senior Services

Senior Companion Program

5026 196th St. SW, Lynnwood, WA 98036

Tel (425)265-2225 Fax (425)740-3800

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Homage
Senior Services



Senior Companions
Make Independence a Reality



HOMAGE SENIOR SERVICES
VOLUNTEER SERVICE POSITION
Senior Companion Volunteer

5026 196th St. SW, Lynnwood, WA 98036
Phone: 425.265-2225 / Fax: 425.355.3800 / www.homage.org

Purpose: Senior Companions support Homage Senior Services by helping isolated and disabled seniors stay independent in their own homes. They provide companionship, assist with transportation, errands, and other (non-personal care) activities based on client need.

Position Title: Senior Companion Volunteer

Location: Client homes and/or other community locations in Snohomish and King County.

Key Responsibilities: Responsibilities include, but are not limited to:

- Visit clients on a regular basis and establish meaningful relationships.
- Communicate changes in client's well-being and contact information to the Site Supervisor or Program Coordinator.
- Attend monthly in-service meetings and trainings.
- Complete program paperwork in a timely manner.
- Maintain client and client's family confidentiality according to Washington State law.
- Follow guidelines on Permissive Reporting according to Washington State law.
- Follow Homage Senior Services' and CNCS Senior Corps' policies.

Knowledge or Skills Preferred:

- Strong communication skills
- Dependable and reliable
- Ability to follow deadlines, instructions and fill out forms accurately.

Qualifications:

- At least 55 years of age and able to pass a criminal background check.
- Meet low income eligibility.

Ergonomic Requirements: Must receive yearly physical examination from a licensed doctor.

Length of Appointment: Commitment of at least 12 months. Eligibility to be renewed by the program coordinator on an annual basis pending positive reviews and updated background checks.

Time Commitment: Requires 15-20 hours a week with clients that includes a 2-hour monthly meeting. Volunteers must successfully pass background checks, a 20 hour orientation before service begins.

Reports To: Volunteer Station site-supervisor and/or Program Coordinator.

Support Provided: Initial orientation; monthly meetings; and on-going support by program staff during agency hours.

Volunteer Application

Please complete all fields - 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: (____) _____

Employment/Volunteer experience/interests/hobbies: _____

Why do you want to volunteer? _____

Do you require any special accommodations or have physical or medical conditions that may impact a volunteer assignment? _____

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 (please do not use family members):

1. Full name: _____ Phone: (____) _____
Relationship: _____ Years known: _____

2. Full name: _____ Phone: (____) _____
Relationship: _____ Years known: _____

Certifications

I hereby state that I offer my services as a volunteer for the Homage Senior Companion Program. I understand that I am not an employee of the project, Homage, the sponsor, or the Federal government.

I understand that in my capacity as a senior companion volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.

Volunteer drivers must have proof of insurance & valid driver's license to drive while serving. I understand that if I use my personal vehicle in my volunteer services, I will arrange to keep in effect auto liability insurance equal or greater to the minimum requirements of the State of WA. I will also keep in effect a valid WA Drivers License.

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

I authorize Homage Senior Services 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 Homage Senior Services programs and departments in which I have indicated interest.

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 – \$2,023 / month or less
- 2 person household – \$2,743 / month or less
- 3 person household – \$3,463 / month or less
- 4 person household – \$4,183 / 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.**

Volunteer Authorization

My signature below verifies that the information above (pages 3-5) is true to the best of my knowledge.

Signature: _____ Date: ___/___/_____

Program Coordinator Signature: _____ Date: _____

Volunteer Code of Ethics

If I become a Senior Companion Volunteer, I will be serving in vulnerable seniors. I realize that I will be subject to a code of ethics. I will assume certain responsibilities and will be 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 SC Volunteer, & 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:** ___/___/_____