

# Senior Companion Volunteer Application Packet - 2019

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 them to:  
Homage Senior Companion Program, 5026 196<sup>th</sup> 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

[mhiggins@homage.org](mailto:mhiggins@homage.org)

[czardis@homage.org](mailto:czardis@homage.org)



**Senior Companions**  
Make Independence a Reality



HOMAGE SENIOR SERVICES  
**VOLUNTEER SERVICE POSITION**  
**Senior Companion Volunteer**

5026 196<sup>th</sup> St. SW, Lynnwood, WA 98036, Phone: 425.265-2225 / Fax: 425.355.3800 / [www.homage.org](http://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. This program is funded through a federal grant from the Corporation for National and Community Service.

**Position Title:** Senior Companion Volunteer

**Location:** Client homes and/or other community locations in Snohomish and/or 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 volunteer training meetings.
- Complete program paperwork accurately and turn forms in on time.
- Maintain client and client's family confidentiality according to Washington State law.
- Follow guidelines on Permissive Reporting according to Washington State law.
- Follow the policies of Homage Senior Services and CNCS Senior Corps Programs.

**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 fingerprinting and criminal background check.
- Meet low income eligibility requirement.

**Ergonomic Requirements:** Initial doctor approval required. Must be healthy enough to serve clients safely.

**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 8-40 hours a week with clients that includes a 2.5 hour monthly meeting. Volunteers must successfully pass background checks, and 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, 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 keep in effect a valid WA Driver's License and auto liability insurance equal to or greater than to the minimum requirements of the State of WA.

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 understand that my position is contingent on eligibility determined by the results of these background checks. I understand that if I have been convicted of murder or if I am required to register as a sex offender I am ineligible to serve in this program.

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 volunteer 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 – \$2,081 / month or less
- 2 person household – \$2,818 / month or less
- 3 person household – \$3,555 / month or less
- 4 person household – \$4,291 / month or less

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

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- 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

In serving as 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 and appropriate support.
- 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:** \_\_\_/\_\_\_/\_\_\_\_\_