



FOR OFFICE USE ONLY

Received by: _____ Date: ___/___/___

Background Check Initiated: ___/___/___

Background Check Done: ___/___/___

Orientation by: _____ Date: ___/___/___

Assignment(s): _____

AMERICORPS SENIORS VOLUNTEER APPLICATION FORM

Name _____ **Birth Date** _____ **Age** _____

Mailing Address _____ **City** _____ **Zip** _____

Phone _____ **Cell** _____ **Email** _____

Driver's License _____ **State** _____ **Expires** ___/___/___

How did you hear about us? Friend Postcard Radio Newspaper Other _____

If referred by current volunteer, list name _____

POSITION & AVAILABILITY

I am interested in becoming: Foster Grandparent Senior Companion Both

Days Available: Mon Tues Wed Thu Fri Sat Sun

Time Available: Mornings Afternoons Evenings

INCOME REVIEW

The annual income of all volunteers must be verified to determine eligibility.

Marital Status: Married Domestic Partner Widowed Single Divorced Separated

Number of people in your household: _____

LIMITS BY NUMBER IN HOUSEHOLD

1 - \$2608 2 - \$3525
3 - \$4442 4 - \$5358

List all sources of gross income only from those in the household legally mandated to provide family support (ie: spouses). **SSDI or SSI payments DO NOT count as income.**

MONTHLY INCOME:

Social Security Benefits \$ _____
Pension \$ _____
Interest / Dividends \$ _____
Other: _____ \$ _____
_____ \$ _____

Total Monthly Income: \$ _____

MONTHLY MEDICAL EXPENSES:

Health Ins./Medicare premiums: \$ _____
Prescription drugs \$ _____
Doctor visits / medical bills \$ _____
Dental/Vision/Mobility bills \$ _____
Other: _____ \$ _____
_____ \$ _____

Total Medical Deductions: \$ _____



EXPERIENCE

The following information will help match you with a volunteer opportunity.

Employment Experience _____

Special Skills/Interests/Languages _____

Volunteer Experience _____

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and understood the following statements:

- I hereby state that I am 55+ years of age and offer my services as a volunteer for the Central & Eastern Oregon FGP/SCP Program. I understand that I am not an employee of AmeriCorps Seniors, the sponsor, the counties, the volunteer station or the Federal Govt.
- I understand that in my capacity as a volunteer, I may encounter 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.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep automobile liability insurance equal or greater to the minimum requirements of the state of Oregon. I will also keep in effect a valid Oregon State Driver's license.
- I understand that I will be required to obtain fingerprints and pass a background check.

If you meet eligibility requirements instructions on how to complete the background check and fingerprint process are emailed to you.

(Please check your Junk/Spam folder for an email from Truescreen if you do not see it in your Inbox)

An interview with Project Staff is scheduled once you have been cleared.

Signature

Date

I certify that the information furnished above is correct and understand that falsification of information may result in being deemed ineligible to receive a stipend. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Return completed application to:

AmeriCorps Seniors
PO Box 1602
Pendleton, OR 97801

Questions contact:
(541) 276-6074

fgpscpinfo@ccsemail.org

