



**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](mailto:fgpscpinfo@ccsemail.org)

