



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** ___/___/___ **Soc Sec #** ____-____-____

(required)

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

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

(required)

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 - \$31,920 (\$2,660) 2 - \$43,280 (\$3,607)

3 - \$54,640 (\$4,553) 4 - \$66,000 (\$5,500)

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

MONTHLY INCOME:

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

MONTHLY MEDICAL EXPENSES:

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

Total Monthly Income: \$ _____

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. You must have an email address.

(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