

City of San José Senior Companion Program Application Form



(PLEASE PRINT ANSWERS)

1. Name _____
2. Address _____ Appt # _____
_____ Zip _____
3. Phone # _____ Gender M _____ F _____
Date of Birth _____ Age _____
Social Security # _____
4. Ethnicity _____ Nationality _____
Primary Language Used _____
Other Language Used _____
5. Education Level 8th Grade _____ High School _____ College _____
6. Hobbies, Interests _____
7. Skills that You Can Bring into this Program _____

8. Experience Working with Frail Seniors _____

9. Experience Working as a Volunteer _____

10. Convicted Felon? If Yes, Please Explain _____

11. A Licensed Driver? If Yes, Driver License # _____

Expiration Date _____

12. Own Your Own Car? If Yes, Insurance Policy # _____

Expiration Date _____

13. Your current monthly income \$ _____

of persons in your household depend on this income _____

<u>Source</u>	<u>Your Own</u>	<u>Spouse</u>
Social Security	_____	_____
SSI	_____	_____
Pension	_____	_____
Other	_____	_____

14. Chronic Illness or Disability? If Yes, Please Explain _____

15. Primary Care Physician _____ Phone # _____

16. Medications Taken _____

17. Person to notify in case of emergency _____

Phone # _____ Relationship _____

18. Reference(s) Name _____ Phone # _____

Address _____

Name _____ Phone # _____

Address _____

I hereby certify that all statements in this application are true and complete to the best of my knowledge. I agree that any statements or omissions of material facts herein, may cause forfeiture on my part of all rights to participation in the Senior Companion Program.

Signature _____

Date Completed _____

(PLEASE RETURN THIS TO)

Project Director
City of San José
Senior Companion Program
5730 Chambertin Drive
San Jose, CA 95118

Revised on 03-04-08