

Senior Companion Program Application

Today's Date: _____

*Birth Date: _____

Name: _____

Address: _____

Phone Number: _____

*Please note that Senior Companions must be at least 55 years old.

1. *Do you drive? Yes No

*Please know that driving is not a requirement for being a Senior Companion, but it helps us to know this for planning purposes.

2. Do you feel that you are physically able to perform the basic functions of this volunteer experience?

Yes No

3. Are you willing and able to meet the basic requirements of the program (attending monthly in-service training, visiting consumers in their homes for 15 to 40 hours per week, working well with your supervisor)?

Yes No

4. Have you ever been convicted of a crime (excluding misdemeanors and summary offenses)?

Yes No

If Yes, please explain: _____

5. How did you learn about the Senior Companion Program?

Current Senior Companion (if so, who?) _____

Speaker in my community

Friend or Relative

Pittsburgh Senior News

6. Senior Companions must meet certain income guidelines. Income from all sources should not exceed approximately \$22,340 annually for single households or approximately \$30,260 for two-person households.

Does your gross annual income fall within these guidelines?

Yes No

7. Would you feel comfortable visiting someone who is a smoker?

Yes No

8. Would you feel comfortable visiting someone who has pets (dogs, cats, etc.) in the home?

Yes No

9. Briefly describe why you would like to be a Senior Companion:

10. Please list the neighborhoods or parts of the county where you would be willing to serve as a Senior Companion (Example: Tarentum, Hazelwood, Bethel Park, etc.)

11. Please briefly describe any previous experience (if any) you have had working with older adults, or people with physical or emotional challenges.
*Please note that this is not a requirement for applicants, but such experience is helpful to have in this role.

12. Please list any other volunteer work you have done in the past.

13. Please list two references (not relatives) who we could contact for a reference check.

Reference #1 (Name/Phone): _____

Reference #2 (Name/Phone): _____

Please mail the completed application to the following address:

**Senior Companion Program
Allegheny County Area Agency on Aging
One Smithfield Street, Suite 235
Pittsburgh, PA 15222
ATTN: John Miller**