

Volunteer Application Packet

Thank you for your interest in joining the **Senior Companion Program** at Southern Maryland Tri-County Community Action Committee, Inc. Enclosed you will find a position description, application and other resources that might be beneficial to you.

In order for your application to be considered complete, please return this application completed in BLUE ink only along with a **copy** of your and/or your spouse's income (**social security, SSI, pension, etc.**) to qualify for the tax-free stipend. If you have any questions about what's considered income or any question in general, feel free to contact the SCP office at (410) 535-0817.

Please mail your application and the supporting documents to the address below:

**SMTCCAC, Inc. Senior Companion Program
Attn: Nina Mouldern
3720 Solomons Island Rd
Huntingtown, MD 20639**



Give the Gift Of Friendship

Southern Maryland Tri-County Community Action Committee, Inc.
Senior Companion Program
3720 Solomons Island Rd, Huntingtown, MD 20639
Office (410) 535-0817 | Fax (410) 535-1037
SeniorCompanions@smtccac.org

**SMTCCAC, Inc. Senior Companion Program
Volunteer Position Description**

Senior Companions serve adults with physical, emotional, or mental health limitations, especially older persons, in an effort to achieve and maintain their highest level of independent living. Senior Companion volunteers serve 15 – 40 hours per week and involve person-to-person relationships with the individuals served.

Older adults with physical, emotional, or mental health limitations may face the following challenges:

- Early institutionalization of homebound adults who need outside assistance;
- Release from residential health-care facilities without home care (especially acute care hospitals);
- Need care for the aged to prevent institutionalization;
- Need assistance for terminally ill persons.

Some **appropriate activities** Senior Companions may be involved in include:

Personal Care:

1. Assisting client with walking, getting out of bed, getting to bathroom.
2. Provide medication reminders
3. Accompanying a person to a doctor or nurse for treatment.
4. Providing grief support.
5. Assisting in reality orientation/awareness.
6. Encourage exercise.

Nutrition:

1. Preparing food, planning meals, light grocery shopping, labeling/organizing food.
2. Providing health or nutrition information.
3. Accompanying client to a nutrition site.

Social/Recreation:

1. Providing companionship, talking, listening, cheering up, playing games/cards, etc.
2. Providing peer support.
3. Fostering client contact with family and friends.
4. Accompanying client to a recreational or social event.

Home Management:

1. Light shopping, doing errands.
2. Writing letters, reading, and filling out forms.
3. Doing light housekeeping.
4. Doing light gardening.

Respite Care:

1. Assisting homebound clients to temporarily relieve caretaker burden.

FOR OFFICE USE ONLY

Received: ____ / ____ / ____

SMTCCAC, Inc. Senior Companion Program Volunteer Application

Today's Date: _____

Name: _____
 First Middle Last

Mailing Address: _____
 Street/P.O. Box City State Zip

Physical Address: _____
 Street City State Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Social Security #: ____ - ____ - _____

Gender: Male Female

Marital Status: Single Married Widowed Separated Divorced

U. S. Citizen? Yes No

How did you hear about the Senior Companion Program?

What goals are you seeking to fulfill as a Senior Companion?

- Desire to help others Desire for self-improvement Desire to Give Back
 Establish a sense of purpose Make supplemental income
 Other _____

How would you describe your physical condition? Excellent Good Fair Poor

Do you require any special accommodations or have physical or medical limitations that may impact an assignment? Yes No

If yes, please explain: _____

Do you own and drive a vehicle? Yes No

If yes, do you have a valid driver's license? Yes No

If yes, do you have liability insurance for your vehicle? Yes No

If no, what means of transportation do you plan to use? Walk Bus Other _____

Have you ever been convicted of a **criminal offense or misdemeanor**? Yes No

If yes, please attach an explanation of charges, date of offense, and status of the charges on a separate sheet to be included with this application.

Availability (please indicate the hours you are available for each day):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Please list two character references that **are not** relatives.

1. Name: _____ Phone: _____

Relationship: _____ Years Known: _____

2. Name: _____ Phone: _____

Relationship: _____ Years Known: _____

I hereby certify that the information provided in this application (or any other required documents) is accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any information in said documents will be cause for denial of a volunteer position or immediate termination of volunteerism regardless of the timing or circumstances of discovery. If considered for a volunteer position, I agree to conform to the rules, regulations, policies and procedures at all times and understand that such compliance is a condition of the volunteer position. I further understand that submission of an application does not guarantee a volunteer position with SMTCCAC, Inc. Senior Companion Program.

By signing below, I acknowledge that I have read understood and agree to the above statements.

Applicant Signature

Date

Equal Employment Agency – SMTCCAC, Inc. SCP is an equal opportunity Agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. SCP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact SMTCCAC, Inc. SCP at (410) 535-0817.