



Hawkeye Community College. - Sponsor of the
Senior Companion Program

PO Box 8015 Waterloo, IA 50704
Phone 319-233-6726 Fax 319-234-5748

Application for Volunteering

Name: _____
Last First Middle

Please list any other name/s you have used in the past: _____

Address: _____
Street City State Zip Code

Telephone Number Cell Number Social Security Number

Birth Date Birth Place Sex: Male Female

Physical Health: Excellent Good Fair Poor

Please explain: _____

Name and phone number of Physician _____

Emergency Contact: _____
First Name Last Name Relationship

Emergency Contact (1) Phone# _____ (2) Phone# _____

List all income in your household. Use gross income amounts (that is the amount before taxes or deductions are taken out). If you are married, you are required to include your spouse's income.

Total number of persons living in your household _____

Social Security \$ _____ per month
S.S.I. \$ _____ per month
S.S.D.I./Disability \$ _____ per month
Pension income \$ _____ per month
Wages, salaries, tips \$ _____ per month
Net rent or farm income \$ _____ per month
Interest income, stocks, bonds, etc. \$ _____ per month

Public assistance \$ _____ per month
Other (Specify) \$ _____ per month

Total \$ _____ per month

Why do you wish to be a Senior Companion volunteer? _____

How did you find out about the Senior Companion Program? _____

What kind of transportation do you plan to use for this volunteer position? _____

Please list any hobbies, special interests, and memberships in any clubs or organizations

Years of School Completed _____ Previous Occupation _____

Three References (professional contacts, senior companion/s that referred you, etc.)

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>Phone</u>
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Have you ever been convicted of a felony? Yes No

Have you ever been convicted of simple, serious, or aggravated misdemeanor? Yes No

The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor. If yes to either, please explain and attach more paper if necessary _____

A conviction will not necessarily bar you from volunteering. We will consider the number, nature, seriousness, and recency of the conviction/s in making our decision.

AUTHORIZATION AND RELEASE

I authorize the Senior Companion Program (SCP), Hawkeye Community College (HCC), and its agents to verify all statements contained in this application and any other materials or information I submit in connection with my volunteer application. I expressly authorize the release to the SCP and HCC of any records or information which may refer or relate to my application for volunteering, including, but not limited to, records of schools, law enforcement or criminal justice agencies (including but not limited to the Iowa Division of Criminal Investigation, Federal Bureau of Investigation, National Sex Offender Registries, Department of Human Services), previous employers and those listed as references. I release the SCP, HCC, its agents and all providers of information, including all those individuals and entities identified in this application, from any liability arising out of the gathering, sharing, and using of such information. In the event of volunteer service, this authorization and release is valid throughout my volunteer service with the SCP and HCC.

I understand that all offers of volunteer service are conditional upon satisfactory reference and criminal history checks, successful completion of a pre-employment physical, and production of all documents necessary for the SCP and HCC, including documents to verify my identity, age, income, state of residence, and work authorization in accordance with the requirements of the Corporation of National and Community Service and Citizenship and Immigration Service.

I certify that information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application or other required documents, during interviews or at any other time during the volunteer screening process constitutes valid grounds for disqualification from further consideration for volunteer service or immediate dismissal from volunteer service and loss of all SCP benefits and privileges. I further understand and agree that the SCP and HCC shall not be liable in any respect if my volunteer service is so denied or terminated. I understand that the acceptance of this application by the SCP and HCC does not promise or guarantee that I will be given a volunteer position.

I have read, understand, and accept the terms and conditions for volunteer service in the SCP. A photocopy of this authorization is valid as the original.

Applicant's Signature _____ Date _____

Program Manager's Signature _____ Date _____

Eligibility to be a Senior Companion shall not be restricted on the basis of formal education, experience, race, religion, color, national origin, sex, age, handicap, or political affiliation (45 e-CFR 2551.4 (b)). Hawkeye Community College does not discriminate on the basis of sex, race, age, color, creed, national origin, religion, disability, sexual orientation, gender identity, or genetic information in its educational programs, activities, admission procedures, or employment practices. Students, prospective students, employees, or applicants for employment alleging a violation of equity regulations shall have the right to file a formal complaint. Inquiries concerning application of this statement should be addressed to: Equity Coordinator, Human Resource Services, Hawkeye Community College, 1501 East Orange Road, P.O. Box 8015, Waterloo, Iowa 50704-8015, telephone 319-296-4405. All Hawkeye Community College locations are tobacco-free.

PLEASE RETURN THIS APPLICATION TO: Senior Companion Program
Hawkeye Community College
P.O. Pox 8015
Waterloo, IA 50704