



## VOLUNTEER APPLICATION CHECKLIST

Volunteer Name: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

Dear Applicant,

Thank you for your interest in the Senior Companion Program of Suburban Cook County sponsored by the Center of Concern. In order to be considered as a Senior Companion volunteer the following documents are required:

**Please check each item when complete and return this page with all documents (Originals) requested. Applications will not be considered if documents are missing or application is not signed and complete. Please mail back in the envelope provided. Thank You.**

### REQUIRED APPLICANT DOCUMENTS:

- \_\_\_\_\_ **Application** Completed and Signed
- \_\_\_\_\_ **ID/Driver's License**-Copy
- \_\_\_\_\_ **Proof of Auto Insurance**-Copy of current insurance card
- \_\_\_\_\_ **Proof of Income** (Copy of all household members' income)-in order to be eligible for the hourly stipend-examples: Social Security Award Letter, Pension payments received, 2 current, consecutive pay stubs (if applicable)
- \_\_\_\_\_ **Physical Exam Form**-Completed and Signed by Medical Professional
- \_\_\_\_\_ **Confidentiality Policy** (Signed)
- \_\_\_\_\_ **Consent to Check Records/References** (Signed)

Upon receipt of documents, applicants will be required to attend a mandatory 20 hours of pre-service training. Dates for training will be scheduled when there are enough interested Senior Companion volunteers to schedule training dates. You will be notified in advance of the trainings. All applicants must also consent to a criminal background check to include: State of IL, FBI, and the National Sex Offender Public Website (NSOPW) check. This will be paid for by the Center of Concern during the 20 hours of pre-service training.

If you have any further questions please contact Mary (Simpson) O'Reilly at 847-242-8010 or e-mail at [msimpson@centerofconcern.org](mailto:msimpson@centerofconcern.org). I look forward to working with you in the future.



Reviewed By: \_\_\_\_\_ (Staff Signature)



**Senior Companion Volunteer Application** (Please PRINT and complete accurately)

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Apt. # City County Zip Code

( ) ( )  
Phone Cell E-Mail

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
DD/MM/YYYY YRS. F or M

Ethnicity:  Hispanic or Latino  Non-Hispanic or Non-Latino

Race:  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  Caucasian or White

Years of school completed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Divorced

US Military Veteran:  Yes  No Family Member US Military Veteran  Yes  No  
Self/Family Member in Active Military:  Yes  No

Referred to the program by: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ ( )  
Phone

Address \_\_\_\_\_  
Street City/Town Zip Code

**Check any of the following health problems you experience:**

- Alzheimer's Disease
- Emotionally Impaired
- Substance Abuse
- Other Special Needs-Describe Below
- Chronic Care Disabilities/Frailty
- Hearing Impaired
- Terminally Illness
- Developmentally Disabled
- Short Term Disability
- Visually Impaired
- Allergies

Do you require any special accommodations or have physical or medical considerations that may impact a volunteer assignment? If yes, please explain:

\_\_\_\_\_

\*Physical Exam Required Prior to Start and Updated Annually\*

As a Senior Companion Program volunteer, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of SCP. Please provide the following information:

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #1 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Beneficiary Information for Senior Companion Supplemental Accident Insurance:

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Self: \_\_\_\_\_ Address: \_\_\_\_\_

**PLEASE LIST MONTHLY INCOME BELOW BY SOURCE:**

Social Security \$ \_\_\_\_\_

Supplemental Security Income \$ \_\_\_\_\_

Annuity Income \$ \_\_\_\_\_

Pension Income \$ \_\_\_\_\_

Rental Income Received \$ \_\_\_\_\_

Income from Stocks & Bonds \$ \_\_\_\_\_

Wages or Salary \$ \_\_\_\_\_

\*Other \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

Total Yearly Income for Entire Household \$ \_\_\_\_\_

Number of persons living in your home: \_\_\_\_\_ Number of legal dependents: \_\_\_\_\_

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**WORK EXPERIENCE (List most recent first):**

\_\_\_\_\_  
Employer Work Performed

\_\_\_\_\_  
Employer Work Performed

What interests you about being a Senior Companion?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any courses/classes that might help you in caring for older individuals?

Yes  No

If yes, please explain: \_\_\_\_\_

Have you had any experience in taking care of older adults?  Yes  No

Membership in Senior Clubs or Organizations (Hobbies or Special Skills) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following information will help the Senior Companion Program match you with a volunteer opportunity:

Special Skills/Interests/Languages \_\_\_\_\_

Volunteer Experience (Current, Past) \_\_\_\_\_

Days/Hours Available: Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thu\_\_\_\_ Fri\_\_\_\_ Mornings\_\_\_\_ Afternoons\_\_\_\_

What kind of transportation do you plan to use? \_\_\_\_\_

Are you a licensed driver?  Yes  No

Do you plan on using your car?  Yes  No

**Please read and complete the following, if you will be driving:**

I plan to use my car for travel during my volunteer service. I have a valid driver's license and adequate auto insurance, and understand that the Senior Companion Program will provide excess auto liability insurance.

 \_\_\_\_\_

(Signature Required)

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*The Senior Companion Program provides a mileage reimbursement for travel for meeting the client's needs.

Will you be claiming a mileage reimbursement for travel associated with your position as a Senior Companion?  Yes  No

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If so, please state the type of offense and when it occurred. \_\_\_\_\_

\_\_\_\_\_

**Three character references (Not Relatives)**

	Name	Address	City	Phone
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**Please indicate if the Center of Concern Senior Companion Program may have permission to use your likeness:**

I hereby grant Center of Concern SCP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the World Wide Web, whether now known or hereafter existing, controlled by SCP of Center of Concern in perpetuity. I will make no monetary or other claim against the Senior Companion Program of Center of Concern for the use of these photograph(s)/video(s).

I do not give permission to use my likeness in photograph(s)/video(s) to Center of Concern Senior Companion Program.

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**Certifications**

**By signing below, I acknowledge that I have read and understand the following statements:**

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the Center of Concern Senior Companion Program. I understand that I am not an employee of the SCP Project, the sponsor, Center of Concern, the volunteer station or the Federal Government.
- I understand that in my capacity as a Senior Companion Program volunteer I may come into contact with 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 in effect automobile liability insurance equal or greater to the minimum requirements of the state of IL. I will also keep in effect a valid driver's license.
- I voluntarily consent to a criminal background check to include: State of IL, FBI, and National Sex Offenders Public Website (NSOPW). I understand that if the results indicate any evidence of criminal history, the nature of that history may make me ineligible for the Senior Companion Program. I understand that I have the right to receive a copy of the results and challenge the completeness and accuracy of the results.

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SCP Volunteer Signature

Date

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SCP Staff Signature

Date

**I certify this information is correct to the best of my knowledge**

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Applicant Signature

Date

Return completed application to: Center of Concern SCP  
1665 Elk Blvd.  
Des Plaines, IL 60016

For Questions Contact:  
Mary Simpson-O'Reilly  
847-242-8010  
msimpson@centerofconcern.org



**Equal Employment Agency** –The Center of Concern 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 Center of Concern Senior Companion Program at (847) 242-8010.

Reviewed By: \_\_\_\_\_

**Suburban Cook County Senior Companion Program**

**Please Return To:**

**Center of Concern**

1665 Elk Blvd.

Des Plaines, IL

Phone: (847) 242-8010

Fax: (847) 824-8437

[www.centerofconcern.org](http://www.centerofconcern.org)



**Physical Exam Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

The Suburban Cook County Senior Companion Program requires participants to provide a yearly physical exam assuring that the Senior Companions are mentally and physically capable of serving as volunteers. Please review the Senior Companion Volunteer Description on the back of this document.

Please check the appropriate boxes:

- This person **IS** capable of serving as a Foster Grandparent/Senior Companion Volunteer.  
**(In good health and free of communicable disease)**
  
- This person **IS NOT** capable of serving as a Foster Grandparent/Senior Companion Volunteer.

Any special accommodations needed for the volunteer: \_\_\_\_\_

\_\_\_\_\_

Additional remarks/recommendations: \_\_\_\_\_

\_\_\_\_\_

Health Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

Hospital/Clinic/Organization Name \_\_\_\_\_ Date \_\_\_\_\_

### **Senior Companion Volunteer Position Descriptions**

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. Feeding, dressing, grooming.
2. Assisting client with walking, getting out of bed, getting to bathroom.
3. Assisting with medical or physical therapy and/or monitoring medication.
4. Accompanying a person to a doctor or nurse for treatment.
5. Providing grief support.
6. Assisting in reality orientation/awareness.
7. Encouraging exercise, providing information on exercise or recreation.

#### **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.
5. Making non-strenuous home repairs/weatherization improvements.

#### **Respite Care:**

1. Assisting homebound clients to temporarily relieve caretaker burden.

**Senior Companion Program  
CONSENT TO CHECK RECORDS  
And  
OFFICIAL AGENCY RECORDS**

Please read carefully before signing this form:

I hereby consent to permit Center of Concern Senior Companion Program to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for employment or volunteer service, including my background, past performance, education, or related matters.

I also consent to permit Center of Concern Senior Companion Program to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government to the extent permitted by state and federal law.

I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring action for defamation, invasion of privacy, or similar causes of action, against anyone providing, or seeking such information.

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Signature of Applicant

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Date



Center of Concern  
[www.centerofconcern.org](http://www.centerofconcern.org)  
1665 Elk Blvd.  
Des Plaines, IL 60016  
Telephone:  
**847-242-8010**  
Fax:  
**847-824-8437**



## Non Employees and Volunteers Confidentiality Policy

It is the policy of **The Center of Concern** that board members, volunteers and employees not disclose confidential information belonging to, or obtained through their affiliation with **The Center of Concern** to any person, including their relatives, friends, and business and professional associates, unless **The Center of Concern** has authorized disclosure. This policy is not intended to prevent disclosure where disclosure is required by law.

All information concerning clients, former clients, staff, volunteers, financial data, and business records of **The Center of Concern** is confidential. You are free to talk about **The Center of Concern** and about programs and your position, but are not permitted to disclose client's names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and ethics.

Volunteers are cautioned to demonstrate professionalism, good judgment, and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from leaving confidential information contained in documents or on computer screens in plain view. Upon separation of employment, volunteer shall return all documents, papers, and other materials, that may contain confidential information. Failure to adhere to this policy will result in discipline, up to and including separation of employment or service with **The Center of Concern**.

The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money, gifts in kind or salary information pertaining to clients, staff or other volunteers.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc.

Before you begin your assignment as a volunteer, you should be aware of the laws and penalties for breaching confidentiality. Although **The Center of Concern** is liable for your acts within the scope of your duties, giving information to any unauthorized person would result in the agency's refusal to support you in the event of legal actions. Violation of the state statues regarding confidentiality of records is punishable upon conviction by fines or by imprisonment or by both.

### ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION:

I, \_\_\_\_\_  
agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as Senior Companion and I understand that it would be a violation of policy to disclose such information to anyone without checking first with my supervisor.

Volunteer Acceptance and Signature:

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Signature

Print Name

Date

The **Mission** of *The Center of Concern* is to provide housing solutions, support services and counseling for seniors, disabled and others in need enabling them to live with dignity and independence. *The Center of Concern* is a non-for-profit 501(c) (3) organization.

