



SENIOR COMPANION PROGRAM, INC.

VOLUNTEER APPLICATION

A Ministry of the Racine Dominicans

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____ Cell: _____

Date of Birth: _____ Driver's License # and State: _____

Marital Status: Single Married Separated Divorced Widowed Life Partner

Occupation: _____

How did you hear about the SCP? _____

Why do you wish to become a SCP volunteer? _____

What skills and talents do you bring to this volunteer work? _____

Previous volunteer experiences, activities, and responsibilities: _____

Do you have a preference regarding the person to visit? Male or Female? Location? Other?

Approximately how many hours a month do you plan to volunteer in this ministry? _____

Do you speak or write any language other than English? Indicate: _____

Over....

PERSONAL REFERENCE

Name: _____

Phone Number: _____

Describe how long you have known this person and your relationship/connection.

EMPLOYMENT REFERENCE

Name: _____

Organization: _____

Phone Number: _____

Describe your relationship with is organization, duties performed and dates of employment:

VOLUNTEER REFERENCE

Name: _____

Agency: _____

Phone Number: _____

Describe your volunteer assignments and length of time:

Prospective Volunteer Signature: _____

Initial Contact with: _____ Date: _____