



ENROLLEE FORM/APPLICATION (Please PRINT and complete accurately)

Name: _____
Last First Middle Initial

Address: _____
Street Apt. #

City Zip Code Phone

Date of Birth _____ Age _____

Number of years of school completed _____ Social Security Number _____

Marital Status: Married Single Widowed Divorced

Veteran: Yes No

Referred to the program by: _____

Name of Physician _____
Phone

Address _____
Street City/Town Zip Code

Check any of the following problems you experience:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Backache |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Low Blood Pressure | |

Other, please list: _____

Physical Condition: Good Fair Poor

Please explain: _____

Name of Emergency Contact: _____ Phone: (____) _____

Address: _____
Street City/Town Zip Code

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 Income of your Entire Household \$ _____

Number of persons living in your home: _____ Number of legal dependents: _____

WORK EXPERIENCE (List most recent first)

Employer Work performed by you

Employer Work performed by you

What interests you about being a Senior Companion?

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

Yes No

If yes, please name the course(s) _____

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

Membership in Senior Clubs or Organizations (Hobbies or Special Skills): _____

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 to and from the client's homes. I have adequate auto insurance, and understand that the Senior Companion Program will provide excess auto liability insurance. I further understand that I am not to transport clients, their family members, neighbors or friends in my performance of my duties as a Senior Companion.

Signed _____

Drivers' License Number _____

Beneficiary Information: Name _____ Phone: (____) _____

Relationship to self: _____

Address: _____

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)	_____	_____	_____	_____

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

Applicant Signature _____

Date _____

**NATIONAL SERVICE CRIMINAL HISTORY CHECKS
THE SENIOR COMPANION PROGRAM
BENJAMIN ROSE INSTITUTE**

The Corporation for National and Community Service has issued a regulation requiring grantees to conduct and document National Service Criminal History Checks on Senior Companion participants and grant funded staff in those programs that, on a recurring basis, have access to children, persons age 60 and older, or individuals with disabilities. A National Service Criminal History Check consists of a State criminal registry check; and a National Sex Offender Public Website (NSOPW) check. An individual who is registered, or required to be registered, on a State sex offender registry, is ineligible to serve. The final rule does not preclude grantees from adopting other disqualifying offenses. An individual who refuses to consent to a criminal registry check is ineligible to serve. Individuals for whom the State criminal registry results are pending may be enrolled, but may not have unsupervised access to vulnerable populations until the results are complete.

This final rule is effective November 23, 2007---this means that grantees must conduct State criminal registry checks and National Sex Offender Public Website (NSOPW) checks on individuals who are enrolled as participants or hired as grant-funded employees after this date. NSOPW checks are to be conducted on individuals who are currently serving, or who begin to serve, in covered positions before November 23, 2007. However, the rule does not require grantees to conduct State criminal registry checks on these individuals.

ADDITIONALLY, BENJAMIN ROSE POLICY REQUIRES A CRIMINAL BACKGROUND CHECK OF ALL OTHER APPLICANTS SELECTED FOR EMPLOYMENT OR VOLUNTEER SERVICE. Volunteer Service will be conditional pending the results of the Criminal Background Check. If this background check reveals that an individual has been convicted of or has pleaded guilty to an offense that is relevant to the position for which he or she was hired (including an act of violence indicating a potential for danger to the workforce), then his/her volunteer position will be terminated immediately—unless evidence of a lengthy period of rehabilitation is presented and such evidence is satisfactory to the President and the Vice Presidents of Benjamin Rose Institute. (The relevance of an offense to a specific position will be determined by the Vice President for that area.)

Please sign the statement below to certify that you have reviewed this information.

I have carefully reviewed the information for National Service Criminal History Checks, and I understand that if I am hired for a position my initial period of volunteer service will be on a conditional basis only pending the results of a Criminal Background Check.

Applicant's Name: _____
(Please Print)

Applicant's Signature: _____

Date: _____

STATEMENT REGARDING RESIDENCE

- YES, I have been a resident of Ohio for the past 5 years.
- NO, I have not been a continuous resident of Ohio for the past 5 years.

**REFERENCE QUESTIONNAIRE
 FOR SENIOR COMPANION**

PRINT YOUR NAME _____ **Phone** _____

NAME OF SENIOR COMPANION APPLICANT: _____

How long have you known the applicant? _____

What is your relationship with the applicant? (For example, friend, neighbor, fellow church member, belong to same club, previous or present employer, etc.) _____

1. How would you rate him/her in the following areas: (please check the appropriate box)

	Always	Often	Sometimes	Almost never	Unknown
Warm and outgoing					
Able to work well with others					
Uses common sense					
Dependable					
Honest					
Flexible					

2. If you are a previous employer please complete the following:

	Always	Often	Sometimes	Almost never
Takes directions well				
Displays professional maturity				
Has excellent attendance				

Would you rehire this person? Yes _____ No _____

3. Please make any additional comments that you feel would help us to know this applicant better:

SIGNATURE _____ **DATE** _____