

Senior Corps Application, Foster Grandparent and Senior Companion
Metropolitan Family Service, 2200 NE 24th Avenue, Portland, OR 97212

Name: _____
(First) (Middle) (Last)

Title: ___ Ms. ___ Mrs. ___ Mr. Email: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Alternate Phone: _____

Emergency Contact: _____

Phone Number(s): _____ Relationship: _____

- Where did you hear about the Senior Corps program? _____

- Please describe any previous volunteer experience: _____

- What experiences have you had working with older adults (SCP) or children (FGP)?

- Why are you interested in becoming a Senior Corps volunteer? _____

- Do you have any special skills which you feel may be helpful? _____

- Do you speak any languages other than English? If so, which languages? _____

References: Please list three character references that we may contact (other than relatives):

1. Name: _____ Phone: _____
 Email: _____ Relationship: _____
2. Name: _____ Phone: _____
 Email: _____ Relationship: _____
3. Name: _____ Phone: _____
 Email: _____ Relationship: _____

The following income information is required by the Senior Corps Program to qualify volunteers under the Federal Income and Age Guidelines. All information provided will be kept strictly confidential.

Are you age 60 or older? ____ Number of dependents who are supported by the income listed below: ____

MONTHLY INCOME FROM:	SELF	SPOUSE	OTHER HOUSEHOLD MEMBERS
Social Security Benefits	\$ _____	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____	\$ _____
Annuities, stocks, bonds	\$ _____	\$ _____	\$ _____
Rental Income from real estate	\$ _____	\$ _____	\$ _____
Interest (Approx. monthly income)	\$ _____	\$ _____	\$ _____
Miscellaneous Income	\$ _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____
*Medical Expenses (premiums, co-payments, prescriptions, etc.)	\$ _____	\$ _____	\$ _____

*Medical expenses are deductible from your income and may help you qualify for the program.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation will result in my being eliminated from further consideration. I further understand that if accepted for a Senior Corps position with Metropolitan Family Service, any material misrepresentations or omissions that become known to Metropolitan Family Service will result in termination and disqualification as a Senior Corps member regardless when discovered.

I agree to complete such additional release forms that Metropolitan Family Service may require to secure information related to this application and my ability to serve as a Senior Corps volunteer.

If accepted into the Senior Corps program, I recognize the instructions, rules, and policies of Metropolitan Family Service and will adhere to these to the best of my ability. I understand that if I am accepted, my position can be terminated at any time, with or without cause and with or without notice, at the option of either Metropolitan Family Service or myself.

Applicant signature: _____ **Date:** _____



Metropolitan Family Service

Foster Grandparent and Senior Companion are programs of Metropolitan Family Service. For more than half a century, MFS has played a vital role in the lives of children, families, and older adults. Most people who access our programs are low-income individuals and families.

Because together, we can do more.