

Senior Companion Volunteer Application Packet - 2023

Thank you for your interest in joining the **Homage Senior Companion Program**.
Volunteers can significantly improve the quality of life for isolated seniors.

Please keep this cover page, complete the application and return it to:

Mary Ann Higgins, Senior Companion Program

5026 196th St. SW, Lynnwood, WA 98036



A Homage Senior Companion volunteer and client enjoy a game during their visit

Homage Senior Companion Program

5026 196th St. SW, Lynnwood, WA 98036

Tel (425)355-1138 Fax (425)740-3800

mhiggins@homage.org



Homage
Well-being as we age



HOMAGE VOLUNTEER SERVICE POSITION Senior Companion Volunteer

5026 196th St. SW, Lynnwood, WA 98036, Tel: 425.355-1138 / Fax: 425.740.3800 / www.homage.org

Purpose: Senior Companions support Homage by helping isolated and disabled seniors stay independent in their own homes. They provide companionship, assist with transportation and other (non-personal care) activities based on client needs and interests. This program is funded through a federal grant from AmeriCorps Seniors.

Position Title: Senior Companion Volunteer

Location: Client homes and/or other community locations in Snohomish and/or King County.

Key Responsibilities: Responsibilities include, but are not limited to:

- Visit clients on a regular basis and establish meaningful relationships.
- Communicate changes in client's well-being and contact information to the Site Supervisor or Program Coordinator.
- Attend monthly volunteer training meetings.
- Complete program paperwork accurately and turn forms in on time.
- Maintain client and client's family confidentiality according to Washington State law.
- Follow guidelines on Permissive Reporting according to Washington State law.
- Follow the policies of Homage Senior Services and AmeriCorps Seniors Programs.

Knowledge or Skills Preferred:

- Strong communication skills
- Dependable and reliable
- Ability to follow deadlines, instructions and fill out forms accurately.

Qualifications:

- At least 55 years of age and able to pass a fingerprinting and criminal background check.
- Meet low income eligibility requirement.

Ergonomic Requirements: Initial doctor approval required. Must be healthy enough to serve clients safely.

Length of Appointment: Commitment of at least 12 months. Many volunteers serve five or more years.

Time Commitment: Requires 5 or more hours a week with clients that includes a 2.5 hour monthly meeting. Applicants must successfully pass background checks, and 20 hours of pre-service orientation.

Reports To: Volunteer Station site-supervisor and/or Program Coordinator.

Support Provided: Initial orientation; monthly meetings; and on-going support by program staff during agency hours.

Senior Companion Volunteer Application

Please complete all fields

Full legal name: _____

Other names used or preferred nickname: _____

Mailing address: _____

City, State, & Zip: _____

Social Security # : _____ - _____ - _____ Email: _____

Home phone: (____) _____ Cell: (____) _____

Date of birth: ____/____/____ Gender: _____ Veteran: Yes / No

Ethnicity: _____ Languages spoken: _____

Emergency contact name: _____ Phone: (____) _____

Experience/interests/hobbies: _____

Why do you want to volunteer? _____

Do you require any special accommodations or have physical or medical conditions that may impact a volunteer assignment?

What type of transportation do you use?

I drive My spouse or family member drives me I take the bus Other

Availability (please check appropriate box):

Time of Day	Mon	Tue	Wed	Th	Fri	Sat	Sun
Morning							
Afternoon							
Early Evening							

Please provide 2 character references (please do not use family members):

1. Full name: _____ Phone: (____) _____
Relationship: _____ Years known: _____

2. Full name: _____ Phone: (____) _____
Relationship: _____ Years known: _____

Certifications

I hereby state that I offer my services as a volunteer for the Homage Senior Companion Program. I understand that I am not an employee of the project, Homage, or the Federal government.

I understand that in my capacity as a senior companion 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.

Volunteer drivers must have proof of insurance & valid driver's license to drive while serving. I understand that if I use my personal vehicle in my volunteer services, I will keep in effect a valid WA Driver's License and auto liability insurance equal to or greater than to the minimum requirements of the State of WA.

I verify the above information is true, and by submitting this application, I acknowledge and agree that my volunteer position with Homage can be terminated with or without cause, and with or without notice at any time, at the option of either Homage or myself.

I authorize Homage to solicit information regarding my character, general reputation and background information, including a background check through the Washington State Patrol, a National Sex Offender Registry search, FBI clearance and to conduct any and all references. I understand that my position is contingent on eligibility determined by the results of these background checks and that if I have been convicted of murder or if I am required to register as a sex offender, I am ineligible to serve in this program. I will have reasonable opportunity to review and challenge the factual accuracy of the results of background checks.

I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.

I further understand that this application will be kept in a secure agency file.

Signature: _____

Date: ____/____/____

Volunteer Income Verification

To be eligible to serve and receive the \$4/hour tax-free stipend and other reimbursement benefits, you must be income eligible. Federal guidelines determine that Senior Companion volunteers can make 200% (or less) of the current poverty level.

Please check that the total amount of your income (*excludes* medical expenses).

Please check the box that applies to you:

- 1 person household – \$2,430 / month or less
- 2 person household – \$3,287 / month or less
- 3 person household – \$4,143 / month or less
- 4 person household – \$5,000 / month or less

Please list yours (and your spouse's if they live in the same household) income sources and amounts below (social security, pension, etc):

Volunteer Authorization

My signature below verifies that the information above (pages 3-5) is true to the best of my knowledge.

Signature: _____ **Date:** ____/____/____

Program Coordinator Signature: _____

Date: _____

Volunteer Code of Ethics

In serving as a Senior Companion Volunteer, I will be serving in vulnerable seniors. I realize that I will be subject to a code of ethics. I will assume certain responsibilities and will be expected to be accountable for all activities pertaining to my volunteerism.

Therefore, I promise to:

- Act in accordance with the policies and procedures of the Senior Companion Program.
- Act as an ambassador for the Senior Companion Program, bridging the gap between isolation and companionship.
- Serve clients to the best of my ability, and always in the interest of increasing their independence and happiness.
- Treat all clients with respect and consideration at all times.
- Respect the confidentiality of clients and their family.
- Maintain the family as a key support system where this is an option.
- Maximize the quality of life of my clients by providing quality and appropriate support.
- Not use the client's possessions for my personal use.
- Not accept money or tips from my client or their family, nor will I do extra work for clients in exchange for money.
- Not consume alcoholic beverages nor use medicine or drugs (except for treatment of a medical problem) while volunteering.
- Bring an attitude of open-mindedness and positivity.
- Be willing to receive training, supervision, and an annual evaluation.
- Understand my own needs and limitations, and not overextend myself or commit to activities that impede on my health.
- Be clear about my role as a SC Volunteer, & establish boundaries with clients if need be.
- Have a professional attitude towards my volunteerism.
- Be accurate and timely with my paperwork.
- Keep program staff informed of any changes to my clients or self.

Violation of any program policies may result in disciplinary action or termination.

Signature: _____

Date: ___/___/___



HOMAGE VOLUNTEER APPLICATION – DISCLOSURE FORM

5026 196th St SW, Lynnwood WA 98036
Phone: 425.740.3787 / Fax: 425.355.6875 / www.homage.org

Your volunteering opportunities may involve unsupervised access to vulnerable adults and/or developmentally disabled persons. Answering “yes” to any of these questions will not necessarily disqualify you from volunteering. All information provided below will be held in confidence. If the answer to any item is YES, explain in the area provided, including the charge, the date, and the courts(s) involved.

Have you ever been convicted of any crime against children, vulnerable adults or other persons?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of crimes related to drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or vulnerable adult or to have physically abused any minor or vulnerable adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or developmentally disabled person or to have sexually abused or financially exploited any vulnerable adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been found by a court in a protection proceeding under chapter 73.43 RCW, to have abused or financially exploited a vulnerable adult?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please read the following carefully before signing this disclosure:

This disclosure specifies all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

I understand that Homage will notify me of the response to this disclosure within ten days of receipt. I understand that Homage will provide a copy of the response to me upon receipt of a request in writing submitted to the Volunteer Department.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ **Date:** _____

9/2022