

NATIONAL SENIOR SERVICE CORPS

of The Senior Citizens Council of Greater Augusta and the CSRA, Georgia, Inc.
218 Oak Street North, Suite L - Augusta, Georgia 30907 - (706) 868-0120



MEMBERSHIP APPLICATION

Foster Grandparent Program * Senior Companion Program * Retired and Senior Volunteer Program

NAME AND ADDRESS

Name: _____ Birthdate: _____
First Last (Used)

Address: _____
Street Address City State, Zip Code

Home Phone: _____ E-Mail Address: _____

INTERESTS, SKILLS, AND KNOWLEDGE

Past Employment: _____

Volunteer Work: _____

Are you a US military veteran? Yes No If so, when did you serve? _____

Skills/Talents/Hobbies: _____

Any Special Volunteer Jobs You'd Like? _____

INSURANCE ENROLLMENT INFORMATION

All Senior Corps volunteers are covered with excess liability, accident, and life insurance.

Name and Relationship of Beneficiary: _____

Address of Beneficiary: _____

Phone (Home): _____ Phone (Work): _____

Emergency Contact (if other than Beneficiary): _____

Name and Relationship

Emergency Contact Number:

(Please complete information on back)

IN THE EVENT OF ILLNESS OR ACCIDENT ON THE JOB:

Does your Emergency Contact have transportation to pick you up?

If not, please list another person and telephone number:

Choice of hospitals:

Name and telephone number of Personal Physician:

Stipended volunteers in the Foster Grandparent and Senior Companion Programs must meet certain income eligibility guidelines.

ONLY APPLICANTS FOR THE FOSTER GRANDPARENT OR SENIOR COMPANION PROGRAMS MUST COMPLETE THIS INCOME INFORMATION:

List the amount of your projected income for the next twelve months. If married, list your spouse's income also.

Income from Social Security: _____

Income from SSI: _____

Income from Pension: _____

Other Income: _____

FOR OUR INFORMATION - ALL APPLICANTS

*Have you ever been charged or arrested as an adult by Federal, State, or other law-enforcement authorities, for violation of any federal, state, county or municipal law, regulation, or ordinance? Yes _____ No _____
If the answer is "Yes," please provide the following information:*

Date and Charge on Which Arrested: _____

Name of Court & Place of Arrest: _____

Disposition: _____

All applicants must undergo criminal background checks before placement. Persons with records of sexual offenses will not be allowed to serve in the Senior Corps. Other prior arrests will not automatically preclude enrollment, based on the discretion of project and volunteer station staff.

TRANSPORTATION

How will you get to your volunteer assignment?

My Own Car _____ *City Bus* _____ *Other (explain)* _____

YOUR SIGNATURE - ALL APPLICANTS

Applicant Signature _____

Date _____

Senior Corps Staff Only:

Staff Signature:

Enrollment Date: FGP _____
SCP _____
RSVP _____

