



**SENIOR COMPANION PROGRAM, INC.**

**Founded by the Racine Dominicans**

**VOLUNTEER APPLICATION**

**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?** \_\_\_\_\_

\_\_\_\_\_

**What are your experiences, hobbies, and interests?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Do you speak or write any language other than English? Indicate:** \_\_\_\_\_

**Prospective Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_