

SENIOR KINSHIP VOLUNTEER APPLICATION

Please complete each section thoroughly; Incomplete applications will not be considered for placement. All information provided in this application will remain confidential and used only for the purposes of placement within the ACCAP Senior Kinship Program.

PERSONAL INFORMATION

Name	Phone Number
	Apt No
City/State/Zip Code	
	Preferred Method of Contact: Phone Email
SKILLS & EMPLOYMENT HISTORY	
Why do you wish to be a Senior Kinship Volunteer?	
Special skills, hobbies, interests:	
Please list any memberships/clubs/organizations y	ou belong to:
Please list your previous occupations:	
	poken: Secondary Language?

Please provide two character references (persons not related to you whom you have known for at least a year):

NAME	PHONE	RELATIONSHIP TO YOU

BACKGROUND CHECK INFORMATION

Have you ever been convicted of a felony? Yes No
Do you consent to the Senior Kinship Program performing a background check? Yes No
Do you have a valid MN driver's license? Yes No MN Driver's License Number
Do you have an automobile that you can drive for the purpose of this work? Yes \square No \square

By signing and dating below I certify that, to the best of my knowledge, the information provided is correct and authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts will result in the dismissed consideration for this position.

OR

Signature

<u>Complete and mail to:</u> Sarah Anderson Senior Kinship Program 1201 89th Avenue Suite #345 Blaine MN 55434 763-783-4745 Date

<u>Email to:</u> SeniorKinship@accap.org

<u>FAX to:</u> Senior Kinship Program 763-783-4700

For ACCAP Office Use Only.
Applicant denied 🗌 Applicant Accepted, Declined to Participate 🗌 Applicant Accepted 🗌
Background Check 🗌 Reference Check 🗌 Orientation Completed 🗌 Volunteer Matched 🔲
Notes:

Revised 09/2020