



# 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 \_\_\_\_\_  
Address \_\_\_\_\_ Apt No. \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Email Address \_\_\_\_\_ 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 you belong to: \_\_\_\_\_

Please list your previous occupations: \_\_\_\_\_

Veteran Status: Yes  No  Primary Language Spoken: \_\_\_\_\_ 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  No

Photo Identification: **Please attach a photo copy of your driver's license.**

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.

Signature

Date

Complete and mail to:  
Janene Ducharme  
Senior Kinship Program  
1201 89<sup>th</sup> Avenue Suite #345  
Blaine MN 55434

OR

Email to:  
jducharme@accap.org  
FAX to:  
Senior Kinship Program

ACCAP IS AN EQUAL OPPORTUNITY EMPLOYER

*For ACCAP Office Use Only:*

Applicant denied  Applicant Accepted, Declined to Participate  Applicant Accepted

Background Check  Reference Check  Orientation Completed  Volunteer Matched

Notes: \_\_\_\_\_  
\_\_\_\_\_