



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 _____
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

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 89th 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: _____
