

Senior Companions

Make Independence a Reality

Delta Community Action Foundation, Inc.
Senior Companion Program

921 W. Maple
 Duncan, OK

308 SW 2nd Street
 Lindsay, OK 73052

Application/Annual Volunteer Update

Please Print

Name _____ *Phone Number () _____
 *E-mail Address _____ *Cell Phone Number () _____
 *Address _____ City _____ Shirt Size _____
 *Zip Code _____

Male ____ Female ____ Date of Birth _____

Are you married? Yes No

Do you plan to drive? Yes No

Are you a veteran? Yes No

Beneficiary Info: (For SCP Accidental Death Life Insurance & Disbursement of Stipend Check in the event of your death while still serving as a Senior Companion.) If you do not designate a beneficiary, all payments will be made to your estate.

Beneficiary Name & Address:

List an emergency contact.

1) Name _____
 Address _____
 City, State, Zip _____
 Phone () _____

Please check all that apply

Willing to serve:

Mornings Afternoons Evenings

Check any day you will not be able to serve

Mon. Tues. Wed. Thur. Fri.

List previous occupations:

List hobbies and interests:

National Service Criminal History Check

Have you ever been convicted of, or received a deferred judgment for a crime? Yes No

If yes, please explain including dates and locations:

Placement in the SCP is dependent upon a satisfactory result on a background check that includes FBI fingerprinting. If selected for the training class you will be required to agree to this and provide your SS#

I certify that the information contained in this update is true and correct to the best of my knowledge.

Applicant Signature

Date

SCP Staff Signature

Date

Delta Community Action Foster Grandparent Program
AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the Delta Community Action Foster Grandparent Program to conduct **Department of Justice National Sex Offender Registry, OSBI Criminal History check, FBI Fingerprint check.**

I understand that the information obtained in this check will be used solely for the purpose of determining my eligibility to participate in the Foster Grandparent Program is contingent upon review and will remain confidential.

I understand that that while the results of the required background checks are pending I am not permitted to have access to children, persons age 55 and older, or individuals with disabilities without being accompanied by an authorized representative who has been previously cleared for such access.

However, before such determination is made, I will have reasonable opportunity to review and challenge the factual accuracy check result.

Signature Date

First Name _____

Last Name _____ DOB _____

County _____ City _____

State _____ Zip Code _____

*If residency at above address is less than one year, please list previous address:

County _____ City _____

State _____ Zip Code _____

.....
(Office Use Only)

I have verified the identity of the applicant by examining the applicant's government issued photo identification card.

Document examined (circle one): Driver's License State Issued ID Passport Other _____

Document # _____

I have reviewed the results of the background checks for this applicant.

Staff Signature Date

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary, however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information * Denotes Required Fields

*Last Name _____ *First Name _____
Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident:
Yes No

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

***Hair (please check appropriate box):**

Bald Black Blonde/Strawberry Blue Brown Gray Green Orange Pink
 Purple Red/Auburn Sandy Unknown White

***Eyes (please check appropriate box):**

Black Blue Brown Gray Green Hazel Maroon Multicolored Pink Unknown

Applicant Home Address

*Address _____

*City _____ *State _____

*Postal (Zip) Code _____ *Country _____

Phone Number _____ E-Mail _____

Mail Results to Address

C/O Delta CAA - Foster Grandparent Program ATTN Tina Casey

Address 921 W. Maple

City Duncan State OK

Postal (Zip) Code 73533 Country USA

Phone Number (if different from above) 580-255-3222

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

Reason for Request:

Personal review Challenge information on your record Adoption of a child in the U.S.
 International adoption Live, work, or travel in a foreign country Other

* APPLICANT SIGNATURE _____ DATE _____

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.