



**AmeriCorps
Seniors**

**Fulton County
Department of Senior Services
AmeriCorps Senior Companion Program**

Candidate Application

Contact Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Dates Available: _____

Days and Hours Available: _____

Education and Volunteer Experience

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please describe any prior volunteer experience:

References

Please list one personal reference and one professional reference.

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____