



VOLUNTEER APPLICATION

Polara Health
Senior Peer Program
625 Hillside Street
Prescott, AZ 86301
(928) 445-5211 ext. 2035

Name _____

Date _____

Address _____

Home Telephone _____

Cell Number _____

Required qualifications to become a Volunteer:

1. Obtain a Level 1 AZDPS Fingerprint Card and basic background check at our cost.
2. Because our Peers are vulnerable homebound/isolated seniors, you must have up-to-date COVID vaccinations verified by your vaccination cards.

Are you able to meet these two qualifications? YES _____ NO _____

Do you have a current driver's license and are insured? Yes _____ No _____

How did you hear about being a volunteer with the Senior Peer Program?

What motivates your desire to be a Senior Peer Volunteer?

What does confidentiality mean to you? Are there any exceptions to confidentiality rules?

Describe your experiences in dealing with grief through loss of a loved one, depression and coping with change

Any other information you would like to share that is relevant to being a Peer companion for a homebound/isolated senior?

Work Status: Employed_____Retired_____

Employer: _____How long?____Position_____

Duties_____

If retired, for how long?_____

Your Signature_____

SPP Manager Signature_____Date_____