



**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: _____