

# Grand-PALs Senior Companion Application

## *Grand-PALs LLC — Peers Anchored in Love*

Grand-PALs is a non-medical senior companionship service dedicated to bringing joy, laughter, conversation, and meaningful connection to seniors experiencing loneliness and isolation. Grand-PALs hires compassionate individuals—many of whom are retired educators, veterans, professionals, and community members—who want to make a difference in the lives of older adults.

### **Required Documents (Submit With Application)**

All applicants must submit the following documents with this application:

- State Criminal Background Check
- Child Abuse Clearance
- FBI Fingerprint Clearance
- Completed W-9 Form

Applications will not be reviewed until all documents are completed and submitted.

### **Independent Contractor Status**

Grand-PALs are not employees of Grand-PALs LLC. All approved Grand-PALs operate as **Independent Contractors**. Grand-PALs are responsible for their own taxes and financial reporting. Applicants must complete and submit a **W-9 form** along with their application and required background clearances before approval.

### **Basic Requirements**

- Must be 21 years of age or older
- Compassionate and dependable personality
- Enjoy spending time with seniors
- Reliable transportation to and from visits
- Ability to use the Grand-PAL scheduling/check-in app
- Approved Grand-PALs are responsible for their own transportation and travel costs

### ***Applicant Information***

Full Name:

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Date of Birth:

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Phone Number:

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Email Address:

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Home Address:

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City / State / Zip:

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**Availability**

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred Visit Times: Morning Afternoon Evening

**Experience With Seniors**

Please describe any experience working with seniors:

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***Short Response Questions***

**1. What does companionship mean to you?**

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**2. How would you handle a senior who seems sad or withdrawn during a visit?**

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**3. Describe a time when you helped someone feel less alone.**

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**4. What do you believe seniors need most from a companion?**

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**5. What motivates you to spend time helping older adults?**

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**References**

Reference #1 Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Reference #2 Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant Agreement**

I certify that the information provided in this application is true and accurate. I understand that Grand-PALs operates using independent contractors and that I am responsible for my own taxes. I understand that I must submit a W-9 form along with my application, background clearances, and required documents before approval.

Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_