

SENIOR CENTER PROGRAM MANAGER APPLICATION FORM

The following will be kept in confidential files by the Michigan Association of Senior Centers and shall be available for the Certification Board.

NAME _____ DATE _____
Last First Middle

NAME AS YOU WISH IT TO APPEAR ON CERTIFICATE _____

AGENCY/ORGANIZATION ADDRESS _____

CITY _____ ZIP CODE _____ PHONE () _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ PHONE () _____

DISCLAIMER

I understand that the application fee is non-refundable in the event that my application is not approved. I also understand that it is my responsibility to keep my certification current and submit a valid renewal application every three years. Applications are accepted January 1 through June 30.

Applicant's Signature

Date

SENIOR CENTER PROGRAM MANAGER

The Senior Center Program Manager is responsible for overseeing specific Senior Center Programming. He/She is responsible for the management of these programs. Applicants must be working as a Program Manager in the year the application is completed.

REQUIREMENTS:

- High School Diploma or equivalent
- Two years experience at a Senior Center. Must work fifteen (15) hours per week.
- Body of knowledge
- Job Description
- Organizational Chart with your position highlighted
- Senior Center must meet Senior Center Criteria

GENERAL INFORMATION

To qualify as a Senior Center Program Manager, the requested documentation must be submitted with application. Successful applicants will receive the title: Senior Center Program Manager.

Cost of Certification: \$35
Certification Renewal: \$25

Certification renewal is required every 3 years. The applicant for SCAC renewal must be able to document 16 hours in workshops/seminars/MASC Board, or 1.0 CEU's in workshops/seminars, or 3 classroom credit hours from an institution of higher education, per year, in job-related fields or in the field of aging. For workshop/seminars which are not sponsored by M.A.S.C. standardized documentation forms are available. Registration must be validated and **all documentation forms MUST be signed by the presenter**. Attending the Annual Masc Conference will assist in helping accumulate the required CEU's needed for certification renewal. Sitting on the MASC Board, with active participation at scheduled meetings and at the Annual MASC Conference, will meet the renewal requirements.

SENIOR CENTER CRITERIA

Documentation is necessary to support your ability to meet the following eight criteria, and it may be in the form of newsletter copy, program brochures, flyers, affidavits, letters of supports, etc.

1. Ability of sites to meet the service needs of older persons including direct access to existing information, referral, and emergency services.
2. Concentration of older persons living in the vicinity of the centers.
3. Ability of sites to serve low-income, minority, frail, disabled seniors living in the vicinity of the centers.
4. Potential of the sites to accommodate additional services. The agency or the department that oversees the sites should undertake actions to bring services and programs to the sites. Services such as legal assistance, Social Security, DSS, health screening, etc, should be encouraged to bring their programs to the sites on a regularly scheduled basis.
5. Capability of being open at least 20 hours per week.
6. Site should be barrier free (i.e., accessible to the disabled)
7. Accessibility of sites to seniors (including access to sites by public or private transportation).
8. Sites must provide at least six (6) of the following services on site and/or be capable of assisting seniors in accessing all other services.

Adult Daycare	Housing Information
Chore Service	Informational & Referral
Congregate Nutrition	Legal Assistance
Counseling	Personal Care
Crisis Intervention	Recreation
Educational Classes	Respite Care
Emergency Services	Substance Abuse
Energy Assistance	Tax Filling Assistance
Health Screening	Telephone Reassurance
Hearing-impaired Services	Transportation
Home Delivered Meals	Vision Impaired Services
Home Repair	Volunteer Opportunities
Homemaker	

EMPLOYMENT AND EDUCATION HISTORY

A. Agency/Organization _____

Title _____ Address _____

City _____ Zip Code _____ Phone _____

Date of Employment: From _____ To _____

B. Attach letter of support from Employer or Immediate Supervisor.

C. Check one: Full time _____

Part time _____

(number of hours)

D. Education: High School _____

College _____

Post-graduate _____

BODY OF KNOWLEDGE

Address each of the two headings in the Body of Knowledge. Verification/documentation must be included to support your program experience, and may be in the form of pictures, news articles, brochures, flyers, newsletters, photographs, copies of plaques, letters of support from sponsors, etc. All narratives, supporting materials and documentation must be typed and organized in an indexed notebook. **Address each section as indicated and include all supporting data and documents in the order that they should appear. All narratives, supporting materials and documentation must be typed and organized in an indexed notebook form.**

I. Body of Knowledge- PROGRAMMING

Select four of the five categories listed below (A-E). Provide three program examples from each category which you have implemented and/or supervised within the last two years. The discussion/documentation must include all of the following: (1) the planning process, (2) implementation, (3) fiscal management, (4) use of staff and/or volunteers, (5) publicity/public relations and (6) evaluation. **Address each section as indicated and include all support documents in the order they appear.**

- A. Recreation (travel, parties, special events, etc.)
- B. Education (lecture series, classes, special speakers, etc.)
- C. Health Promotion/Wellness (Health Fairs, fitness programs, etc.)
- D. Social Services (entitlement programs, case work, legal services, etc.)
- E. Fund-raising (special events or functions specifically designed to raise funds)

II. Body of Knowledge- VOLUNTEER MANAGEMENT

- A. Volunteer Job Descriptions
- B. Volunteer Training
- C. Volunteer Recognition
- D. Organizational Chart

Applicants will be notified in writing as to the status of their application prior to the Certification Presentation at the Michigan Association of Senior Center's Fall Conference. If deficiencies are discovered during the certification process, applicants will be notified and allowed one opportunity to make corrections or additions.

Applications will be accepted from January 1- June 30 for certificates that will be awarded at the MASC Fall Conference.

Fees:	Certification	\$35.00
	Renewal	\$25.00

Pay by check or money order only- Make checks payable to: M.A.S.C.

Mail entire application to:

Rina Chemin, CPRP, SDC, Standard Committee
Michigan Association of Senior Centers
c/o Saline Area Senior Center
7190 N. Maple
Saline, MI 48176