



Volunteer Application Form

PLEASE RETURN TO:

Deb Moore
 Compeer Program/CMHC
 E-mail: dmoore@meimhc.org

Application Received	
Date Matched	
Name of match	

NOTE: REMEMBER TO BRING YOUR DRIVER'S LICENSE & PROOF OF AUTO INSURANCE TO YOUR INTERVIEW APPOINTMENT. WE SCREEN OUR VOLUNTEERS.

The Compeer program provides friends for clients referred by mental health professionals. The answers to the following questions help Compeer staff to match you with an appropriate person who will benefit from your friendship. Compeer does not discriminate based on race, creed, color, religion, gender, age, national origin, marital or veteran status or sexual orientation. Compeer is aware of the sensitive nature of some of the questions asked on the application form and during the interview process. It has been our experience that having as much information as possible about each individual, whether volunteer or participant increases our ability to match people successfully. All information is requested to ensure, to the greatest degree possible, the success of the matching process. *If you have any questions about any part of this form or are uncomfortable answering any of the questions, please call or email the Compeer Director*

Name:		Social Security #:		Date of Birth:		
Current Address:				City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	Email address:			
How and when can we best reach you?						
For Students: Home Address (if different):		E-mail When Not in School:		Phone When Not in School:		

**PLEASE LIST ANY OTHER NAMES / ALIASES YOU HAVE USED (For Background Check)
 (E.G. MAIDEN NAME, ETC.)**

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EMERGENCY CONTACT

Name:			Zip Code		
Phone (Day):	Phone (Evening):	Address:	City:	State:	

HOW DID YOU LEARN ABOUT COMPEER? CIRCLE ALL THAT APPLY:

Compeer Volunteer – Whom?	Presentation – Where?
TV – Which Station?	Radio – Which Station?
Religious Community – Which?	Club / Civic Organization – Which?
Newspaper /Magazine – Which?	Poster / Flyer / Bookmark – Where?
Other – What?	

REFERENCES

Please provide us with your employment history, including names of supervisors. Depending on your length of employment, one or more supervisors will be contacted for a character reference. We require two professional references and two personal references that can comment on your ability to serve as a volunteer. **The reference cannot be a relative or reside in the same household and must have known you for at least one year.** Please list your last 2 employers, beginning with your **current** employer. (If **retired**, please list last employer.) (For **full-time students**, please provide 2 references from your school experience.) Also, please list 2 personal references.

Employer:	From:	To:	
Supervisor:	Address:		
Daytime Phone # with Area Code:	City:	State:	Zip Code:
Employer:	From:	To:	
Supervisor:	Address:		
Daytime Phone # with Area Code:	City:	State:	Zip Code:

PERSONAL REFERENCES

Personal Reference Name:	Daytime Phone # with Area Code:		
Current Address:	City:	State:	Zip Code:
Length of Association:	Nature of Relationship:		

Personal Reference Name:	Daytime Phone # with Area Code:		
Current Address:	City:	State:	Zip Code:
Length of Association:	Nature of Relationship:		

INTERESTS / HOBBIES / ACTIVITES
(That you could share with your Compeer friend)

Arts:	Sports:	Movies:
Crafts:	Outdoor Activities:	Drama:
Sewing:	Gardening:	Games:
Reading:	Fitness Activities:	Music:
Animals:	Dancing:	Shopping:
Dining Out:	Volunteering:	Church / Temple:
Collecting (<i>specify</i>):	Cooking:	Other:

Any additional activities? _____

Previous Volunteer Experience:

Clubs / Civic Organizations:

Can you speak a foreign language? Yes No	Sign Language? Yes No
If yes, please specify:	

Religion:	Congregational Affiliation:
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Do you smoke? Yes No	Does it matter to you if client smokes? Yes No
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Is it important that your friend be a specific age, religion, and ethnic background or have a specific quality?
 Yes _____ No _____
 If yes, please explain:

Please add any comments or information that will help Compeer in finding an appropriate match:

When are you available to meet with your Compeer friend?
 Daytime Evenings Day(s): M T W TH F SA SU

THE FOLLOWING ITEMS ARE FOR STATISTCAL PURPOSES AND MAY HELP US MAKE THE BEST POSSIBLE MATCH FOR YOU

Gender:	Educational info (circle):	
	Some High School	Graduate / Post Graduate
Race / Cultural Identity:	High School	Currently Attending:(Name)
	GED	_____
Employer:	Some College	Year(s) in School _____
Occupation / Title:	College Degree	Major _____

Marital Status:	Religious Affiliation:
Do you have access to transportation? Yes No What Type? Car Bus	
Have you ever been convicted of a felony or for any criminal activity? Yes No	
Have you ever you been ordered by a judge to do community service as an alternative to a fine or jail sentence? If yes, how many hours _____ and in what amount time _____?	
Name of Probation Officer:	Phone Number:

Please read the following carefully and sign on the line provided:

I understand and fully acknowledge that, in volunteering for Compeer, Inc., I am entering an **AT WILL** relationship and that this relationship can be terminated at anytime by Compeer, Inc. or me.

I further understand by signing this agreement, I give permission to Compeer, Inc. to contact references and to check driving and / or criminal background. I understand that I may have to give additional information to Compeer, Inc. to secure such records.

It is my understanding that all information I provide to Compeer, Inc. is true and complete to the best of my knowledge. I understand that giving false information may be sufficient cause for immediate dismissal.

It is also my understanding that I must provide information to Compeer, Inc. regarding any medical problems and / or medications I am currently taking.

I further understand that I will be asked to undergo training, where applicable, for Compeer, Inc.

I understand that, as a volunteer, I will help my Compeer friend to the best of my ability in accordance with the policies of the agency and will maintain complete confidentiality concerning all information on Compeer friends. I further understand that submission of a completed application, along with an interview by a Compeer staff person, does not obligate me to accept, or Compeer to assign, a volunteer opportunity. I understand that, if I am to be matched, some of this information may be shared with the potential match and their therapist.

Volunteer's Signature:

Date:

Volunteer Coordinator's Signature:

Date:

BECAUSE THE POPULATION WE SERVE IS SUCH A VULNERABLE ONE, IT IS ESSENTIAL THAT WE SCREEN ALL OF OUR VOLUNTEERS CAREFULLY. YOUR COOPERATION IN COMPLETING THIS FORM IS GREATLY APPRECIATED. A "YES" TO ANY QUESTION DOES NOT NECESSARILY DISQUALIFY YOU FROM BECOMING A COMPEER VOLUNTEER. ALL INFORMATION WILL BE HELD STRICTLY IN CONFIDENCE.

Name _____ Date of birth _____

Current address

Street (apt. #) city zip

Birthplace

City state zip

Do you have a current driver's license? Yes _____ No _____ License # _____

Has your license ever been suspended? Yes _____ No _____ State of _____

If yes, please explain: _____

Do you have auto insurance? Yes _____ No _____ Agency _____

Have you ever been convicted of a crime (except minor traffic violations)? Yes _____ No _____

If yes, give date and nature of charge and conviction:

Are there any misdemeanor/felony charges pending against you now? Yes _____ No _____

If yes, please give nature of charge:

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND GIVE THE COMPEER PROGRAM MY PERMISSION TO VERIFY THIS INFORMATION WITH THE APPROPRIATE AGENCY.

Witnesses _____ Signed _____

Volunteer Signature _____ Date _____

Remember, please bring a copy of your driver's license and insurance card to our initial meeting, so we can photocopy them or you may bring a copy yourself.