



Mental Wellness Starts With Friendship

Phone: (716) 487-2956 • (716) 366-3161 in Dunkirk • 1-800-887-7337 • Fax: (716) 484-3989

Comp 8A

VOLUNTEER APPLICATION FORM

Please mail to:
Compeer Chautauqua
97 Forest Avenue
Jamestown, NY 14701

The Compeer Program provides friends for adults or youth referred by mental health professionals. The answers to the following questions will help the Compeer staff to match you with an appropriate person who will benefit from your friendship. Although some of the questions are personal in nature, we request this information because it facilitates a good match between volunteer and client. All answers will be kept confidential.

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____ Work # _____

Best time to call _____ Email Address _____

Date of Birth _____ Gender _____ Social Security # _____

Race _____ Ethnicity _____ Religion _____

Marital Status _____ Sex & Age of Children _____

Primary Language _____ Do you know sign language? Yes _____ No _____

List any foreign languages you know? _____

Employer _____ Occupation _____

Education/Training _____

Hobbies, Special Interests, Skills _____

Do you have use of a car? Yes _____ No _____

Driver's License Number (for insurance purposes only) _____

Do you have any medical or psychological problems which significantly affect your health?

Yes _____ No _____ If yes, please explain _____

Have you ever been charged or convicted of a crime? Yes _____ No _____

If yes, please explain _____

Is it important that client be of a particular race? Yes _____ No _____

If yes, please explain _____

Is it important that client be of a particular religion? Yes _____ No _____

If yes, please explain _____

Are you interested in an adult match or mentoring a youth? Adult _____ Youth _____

What age range do you prefer? _____

How did you hear about Compeer? _____

What has prompted your interest in volunteering for Compeer? _____

I understand that, as a volunteer, I will help the client to the best of my ability in accordance with the policies of the agency and will maintain complete confidentiality concerning all information on Compeer clients. 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.

Signature _____

Please complete PAGE 3. Thank You.

REFERENCES

Name _____

Please provide us with your employment history including names of supervisors. Depending on your length of employment, one or more supervisory will be contacted for a character reference. We also require a personal reference who can comment on your ability to serve as a volunteer. The reference cannot be a relative and must have known you for at least one year.

Employment History - Please list your last three employers beginning with your current employer. (If retired, please list last employer.)

Employer _____ Employed from _____ to _____

Street Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone # _____

Email Address _____

Employer _____ Employed from _____ to _____

Street Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone # _____

Email Address _____

Employer _____ Employed from _____ to _____

Street Address _____

City _____ State _____ Zip _____

Supervisor _____ Phone # _____

Email Address _____

PERSONAL REFERENCE

Name _____ Phone # _____

Street Address _____

City _____ State _____ Zip _____