



Mental Wellness Starts With Friendship

Volunteer Application

Compeer offers a friendship connection between those referred to the program by a mental health provider and the volunteer. By using the power of friendship, volunteers help those recovering from mental illness live happier and healthier lives.

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Birth date: _____ Age: _____ How long have you been a PA resident? _____

If employed, where: _____ Occupation: _____

Educational background: _____

Emergency Contact: _____ Phone: _____

Hobbies or special interest: (Please expand to assist with a good friendship connection)



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Do you have use of a car? Y / N

How did you hear about Compeer? _____

What prompted your interest in becoming a volunteer? _____

Please provide 2 Character References:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

I understand that as a volunteer I will support my connected friend to the best of my ability in accordance with the policies of Compeer and will maintain complete confidentiality about all information on the individuals within the program.

Yes, I do wish to volunteer with Compeer!

Signature: _____ Date: _____

All information will be held strictly in confidence. Submission of an application and an interview does not obligate you to accept a volunteer opportunity with Compeer.

Please return this application to: compeer@sphs.org or

Mental Health Association

140 North Elm St. Suite A

Butler, PA 16001