



Mental Wellness Starts With Friendship

Date: _____

COMPEER VOLUNTEER APPLICATION

Volunteers using the **power of friendship** to help people in transition of a diagnosed mental illness live happier, healthier lives. Compeer is making friends and changing lives.

The Compeer program at the Mental Health Association offers a friendship connection between those referred to the program by a mental health professional and the **VOLUNTEER**.

The answers to the following questions will be kept confidential and will help the Compeer Program staff with introducing you to a person who will benefit from your supportive friendship.

Name: _____

Address: _____

Marital status: _____ Ages of children, if any: _____

Phone: (Home) _____ (Cell) _____

E-mail: _____

Age: _____ Race: _____ Religion: _____ Birthdate: _____

If employed, where: _____ Occupation: _____

Address of employer: _____

Education back ground: _____

Nearest relative or contact person:

Name: _____

Address: _____

Phone: _____

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

Do you have use of a car? Yes ___ no ___ Are you a veteran? (If yes what Branch?) _____

Is it important that the client be a particular race? Yes ___ No ___

Is it important that the client be a particular religion? Yes ___ No ___

What age range do you prefer? _____ Handicapped? _____

How did you hear about the Compeer Program? _____

What prompted your interest in becoming a COMPEER volunteer? _____

Character references: Please provide first and last names, Full addresses with zip code, and phone numbers of two personal references other than relatives that has known you for at least a year who can comment on your ability to serve as a volunteer.

Character Reference #1

Name _____

ADDRESS _____

Day time phone # _____ Evening Phone # _____

Character Reference #2

Name _____

ADDRESS _____

Day time phone # _____ Evening Phone # _____

Please list additional education or individual talent: _____

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

Signature _____ Date _____

_____ Yes; I do wish to Volunteer in the Compeer Friendship Program!

Because the client population we serve is so vulnerable, we must screen our volunteers carefully. Your cooperation in completing this form is greatly appreciated.

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

Please return this application to:

Thank you!

COMPEER Friendship Program
Mental Health Association in Butler County
140 North Elm Street, Suite A
Butler, PA. 16001



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