



Volunteer Application

Through camaraderie, support, and friendship, CompeerCORPS gives every veteran the opportunity to combat physical and mental obstacles as they reintegrate into civilian life. The Compeer Program at the Mental Health Association offers connections between those veterans referred to the program by a mental health professional and the volunteer.

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)

CompeerCORPS

Friendship. Support. Camaraderie.

Do you have use of a car? Y / N

Branch of Service: _____ Dates Served: _____

How did you hear about the CompeerCORPS program? _____

What prompted your interest in becoming a CompeerCORPS 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 the CompeerCORPS Program and will maintain complete confidentiality about all information on the individuals within the program.

Yes, I do wish to volunteer in the CompeerCORPS "Veterans" Program!

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 CompeerCORPS.

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

Mental Health Association
140 North Elm St. Suite A
Butler, PA 16001