

Veterans Program

VOLUNTEER APPLICATION Date: _____

“Veteran Volunteers using the **power of friendship** to help fellow Veterans”

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: _____

Address: _____

Marital status: _____ Ages of children if any _____

Phone: (Hm) _____ (Cell) _____ (E-mail) _____

Birth date ___ / ___ / ___ Age _____ Religion _____ Race _____

Social Security _____ How long a PA resident _____

If employed, where _____ Occupation _____

Address of employer _____

Educational background _____

Nearest relative or contact person:

Name _____

Address _____

Phone _____

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

Do you have use of a car? Y / N

Branch of Service _____ Dates Served _____

Alcohol use: None _____ Rarely _____ Social _____ Daily _____

Is it important that your friend be a particular race? Y / N

Is it important that your friend be a particular religion? Y / N

What age range do you prefer? _____ Handicapped? _____

How did you hear about the CompeerCORPS program? _____

What prompted your interest in becoming a CompeerCORPS volunteer? _____

Please fill in References completely with zip codes

Character Reference #1

Name _____

ADDRESS _____

Day time phone # _____ Evening Phone # _____

Character Reference #2

Name _____

ADDRESS _____

Day time phone # _____ Evening Phone # _____

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 _____

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 an application and an interview does not obligate you to accept a volunteer opportunity with CompeerCorps.*

Please return this application to:

Compeer Friendship Program
140 North Elm Street, Suite A
Butler, PA. 16001

Thank you for your Service!

