

VOLUNTEER APPLICATION FORM

Please Fill Out Clearly

After completing, please return form to:

Compeer Chester County
PO Box 5213
West Chester, PA 19380-5213

Voice: 610-436-4445
Fax: 610-429-1099
E-mail: compeerchesco@mhphope.org

Compeer Chester County matches volunteers with individuals living with mental health conditions in one-to-one, same-gender friendships. These individuals have requested this service and are referred to Compeer by a mental health professional. The answers to the following questions are helpful in facilitating a good match between the volunteer and a person in recovery. Your answers will be kept confidential.

Name _____ Date: _____

Address: _____

Gender: F__ M__ Other (please specify): _____

Email address: _____

Cell Phone: _____ Home Phone: _____ Other: _____

Date of Birth: _____ Race: _____ Religion: _____
Optional *Optional* *Optional*

Emergency Contact: _____ Relationship to you: _____

Emergency Contact phone number: _____

Do you speak any other languages? _____

Do you have a car? Yes__ No__

Do you smoke? Yes__ No__

If no, would you be willing to be matched with a smoker? Yes__ No__

Interests/Hobbies/Activities:

Arts:		Sports:		Movies:
Crafts:		Outdoor Activities:		Drama:
Sewing:		Gardening:		Games:
Reading:		Fitness Activities:		Music:
Animals:		Technology:		Shopping:
Dining Out:		Volunteering:		Church/Temple/ Mosque:
Collecting:		Cooking:		Other:

Do you have any preferences when you are matched with someone for a Compeer friendship?

If YES, please detail your preferences:

Do you have any limitations on your ability to serve as a volunteer?

How did you hear about Compeer Chester County?

Have you been vaccinated against COVID-19? Yes ___ No ___

If yes, are you willing to provide proof of vaccination? Yes ___ No ___

We ask for three personal references that can comment on your ability to serve as a volunteer. **The reference cannot be a relative** and must have known you for at least a year. Your references can be employers, but employer references are not a requirement. (If you use a therapist or case manager as a reference, you must sign a release of information form giving us permission to speak with that person.)

PERSONAL REFERENCES (Please list three)

Name: _____ Phone: _____

Relationship to Volunteer: _____ How long known? _____

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Are you a high school graduate? _____ Highest grade/level completed _____

Any special education or training?

Have you had any experiences or close interactions with person(s) having a significant mental health condition (e.g., friends, family, co-workers)

What are your reasons for deciding to volunteer with Compeer Chester County?

How much time would you be willing to devote per month?

Because of the vulnerability of the population we serve, it is essential that we screen all volunteers carefully. Your cooperation in completing this form is greatly appreciated. None of your answers to the following questions will necessarily disqualify you from becoming a Compeer volunteer. All information will be held in strict confidence.

Do you have a current driver's license? _____ License # _____ State _____

Has your license ever been suspended or revoked? Yes__ No__

If yes, please explain:

Do you have auto insurance? _____ Company _____ Policy No. _____

Have you ever been convicted of a crime (except minor traffic violations), which has not been annulled, expunged or sealed by a court?

****After you have met with the Compeer program manager, MHP will conduct a criminal background check****

If yes, please give date and nature of charge and conviction:

I understand that, as a volunteer, I will help the Compeer friend I'm matched with to the best of my ability in accordance with the policies of the organization and will maintain complete confidentiality concerning all the information about persons with mental health conditions. I further understand that submission of a completed application along with an interview by Compeer Chester County does not obligate me to accept, nor Compeer Chester County to assign, a volunteer opportunity. I also understand and agree that, to the fullest extent permitted by law, I will not hold Compeer or Mental Health Partnerships responsible for any claims, demands, damages or losses resulting from my volunteer activities with these entities, including any injury or property loss associated with use of my personal motor vehicle. I certify that the above information is accurate and I give Compeer Chester County my permission to verify this information with the appropriate agency.

Signature of applicant _____ Date _____