



## VOLUNTEER APPLICATION FORM

**Please Print Clearly**

After completing, please return form to:

Compeer Chester County  
825 Paoli Pike, 3<sup>rd</sup> floor, MB #7  
West Chester, PA 19380-4525

Voice: 610-436-4445  
Fax: 610-429-1099  
E-mail: [compeerchesco@mhasp.org](mailto:compeerchesco@mhasp.org)

Compeer Chester County matches adult volunteers with individuals in mental health recovery, 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. All answers will be kept confidential.

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: F M E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Landline: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_  
*Optional Optional Optional*

Emergency Contact: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Do you speak any other languages: \_\_\_\_\_

Do you know sign language? Yes\_\_ No\_\_ 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\_\_

Volunteer Name: \_\_\_\_\_

**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?

Volunteer Name: \_\_\_\_\_

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 your 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?: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ How long known?: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ How long known?: \_\_\_\_\_

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 disability (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 week?

Volunteer Name: \_\_\_\_\_

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 Chester County 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:

vb

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 completed COMPEER training, MHASP 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 agency and will maintain complete confidentiality concerning all the information about persons in mental health recovery. I further understand that submission of a completed application along with an interview by Compeer Chester County does not obligate me to accept, or 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 MHASP responsible for any claims, demands, damages or losses resulting from my volunteer activities with the association, 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 \_\_\_\_\_