

COMPEER Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Or Other Phone	
E-Mail Address	
Date of Birth	
How did you hear of Compeer?	

Volunteer Interests

Tell us which areas you are interested in volunteering

- One to One Friendship
- Phone Friends
- Activities/ Events
- Fundraising
- Other

For One to One Matches/Phone Matches (To assist in the matching process)

Race	Sex	M	F
Marital Status			
Do you smoke?			
Do you know sign language?			
Do you know a foreign language?			
Do you prefer your Compeer friend to be of your:	Age	Race	Religion Smoking Preference
Place of employment			
Occupation			
Education/ Training			
List specific interest or hobbies that will aid in the match process or skills that you would be willing to share.			

Previous Volunteer/ Mental Health Experience

What is your prior experience with people who have mental illness? (Not required to volunteer)

Have you in the past or are you currently receiving mental health services? If yes, please explain.

Do you have any medical or psychological conditions that affect your health? If yes, please explain and share guidelines to follow if you become ill while volunteering.

Do you have additional volunteer experience?

Previous Volunteer/ Mental Health Experience

Please list 4 references over the age of 20, who are not related to you. A reference form will be mailed to them for their prompt return. We must receive 3 favorable references before we can proceed.

Reference 1: Name	
Address	
Phone	
Reference 2: Name	
Address	
Phone	
Reference 3: Name	
Address	
Phone	
Reference 4: Name	
Address	
Phone	

Information for Background Checks, Screening and Protection of Clients

Participant Screening:

For the protection of both volunteers and consumers in the Compeer program, we feel that it is essential to screen all participants carefully. Your cooperation is greatly appreciated. A 'yes' to any question does not necessarily disqualify you from participating in the program. All information is confidential and will not be used for other purposes. Much of this information is required by law enforcement agencies and other entities for positive identification purposes when checking records.

Do you have a current Driver's License? Yes No

Name as it appears on license _____ Other names used _____

Driver's License number _____ State issuing license _____

Has your license ever been suspended? Yes No If yes, Why? _____

Do you have auto insurance? Yes No If yes, with what agency? _____

Do you have use of a car? Yes No

Have you ever been convicted of a crime? (except for minor traffic violations) Yes No

If so, give date and nature of conviction/charge _____

Authorization for Criminal/Court Checks:

In connection with my application for volunteer placement, I understand that an investigative report may be requested that will include information as to my character. I understand that as directed by policy and consistent with the job described, you may be requesting information from public and private sources about my criminal record and driving record. I acknowledge that a facsimile or photographic copy shall be as valid as the original. I hereby authorize any law enforcement agency, court, institution, information, service bureau, school, employer, or other organization or person contacted by the employer or its agent to furnish the information described above.

Signature _____ Date _____

Agreement to Notify of Driving Events:

* I agree to immediately inform the Compeer coordinator if my driver's license is suspended or revoked, if I am ticketed for a driving offense or if I have Driving Under the Influence or Driving While Intoxicated charges pending.

* I agree to notify the Compeer Coordinator if my personal auto insurance is cancelled or not renewed. These notifications are required even if the offenses are not related to my volunteer work for Mental Health America. This information will not be released to unauthorized persons.

* I agree to transport personas only in passenger seats equipped with appropriate seat belts and require usage at all times.

* I agree to transport persons only in vehicles that are in safe operating condition

* I agree to follow all traffic laws, observe speed limits, and operate vehicles in a safe manner.

Signature _____ Date _____

Publicity Consent

The Compeer Programs of Mental Health America have my permission to use my name and/or photograph, and/or/ video, and or audio recordings to promote the program to the community, funders and others outside the MHA/Compeer program. This consent is for the duration of my association with the Compeer Programs of Mental Health America.

Signature_____ Date_____

In Case of Emergency

Contact 1: Name	
Relationship	
Phone	
Contact 2: Name	
Relationship	
Phone	

Confidentiality Statement

Compeer is aware of the sensitive nature of some of the questions asked. However, this information is helpful in allowing Compeer to make a successful match.

As a Compeer volunteer, I will keep all information regarding the consumer under the strictest confidence. To the best of my ability, I will serve as a good role model and provide a strong support system to my friend. I will follow all policies, rules and regulations of the Compeer program. I understand that this application does not obligate me to accept, not Compeer to assign, a volunteer opportunity.

Signature	
Date	

Thank you completing this application & for your interest in volunteering with us.

Please return to the Compeer/MHA office:

2400 Reading Road, Suite 139, Cincinnati, OH 45202

Fax: 513-287-8544

For questions call (513) 721-2910.