

Volunteer Application Form

Greater Mental Health Compeer Program



Mental Wellness Starts With Friendship

Please return to:

Kathy Burns

Phone: 845-825-9536

Email: burnsk@greatermentalhealth.org

About Compeer

The Compeer program provides friends for clients referred by mental health professionals. The answers to the following questions will help the Compeer staff to match you with an appropriate person who will benefit from your friendship. Compeer does not discriminate based on race, creed, color, religion, gender, age, national origin, marital or veteran status or sexual orientation. Compeer is aware of the sensitive nature of some of the questions asked on the application form and during the interview process. It has been our experience that having as much information as possible about each individual, whether volunteer or client, increases our ability to match people successfully. All information is requested to ensure, to the greatest degree possible, the success of the matching process. If you have any questions about any part of this form or are uncomfortable answering any of the questions, please speak directly with a Volunteer Coordinator.

Note: Please remember to bring your driver's license and a copy of the declarations page from your auto insurance policy to your interview.

WE ARE REQUIRED TO SCREEN ALL OF OUR VOLUNTEERS

Name:	E-mail Address		
Current Address:	City:	State:	Zip Code:
Home Phone:	Work Phone and Extension:	Cell Phone:	
How and when can we best reach you?			
For Students: Home Address (if different):	E-mail When Not in School:	Phone When Not in School:	
Place of Birth (City, State)			

EMERGENCY CONTACT

Name:	Relationship to You:		
Phone (Day):	Phone (Evening):	Cell Phone:	

THE FOLLOWING ITEMS ARE FOR STATISTICAL PURPOSES AND TO HELP US MATCH YOU:

Date of Birth:	Gender:	Highest Level of Education Completed:
Race/Cultural Identity:		
Employer:	Occupation/Title:	
Previous volunteer experience		
What prompted your interest in volunteering?		
Do you have access to transportation? <input type="radio"/> Yes <input type="radio"/> No		
If Yes, what type? <input type="radio"/> Car <input type="radio"/> Bus <input type="radio"/> Other		
Do you have any medical/psychological conditions or physical limitations that would affect your ability to volunteer? <input type="radio"/> Yes <input type="radio"/> No		
If yes, please describe:		

I AM INTERESTED IN THE FOLLOWING COMPEER PROGRAMS (CHECK ALL THAT APPLY)

_____ 1:1 Individual Adult Match (1 year+)

_____ Compeer Calling / E-buddies: Supportive phone / E-mail contact to adult Waiting List clients

REFERENCES

We require two professional references and two personal references that can comment on your ability to serve as a volunteer. Depending on your length of employment, one or more supervisors will be contacted for character reference. The reference cannot be a relative or reside in the same household and must have known you for at least one year.

Please list your last 2 employers beginning with your current employer. (If retired, please list last employer).

For full-time students, please provide 2 references from your school experience and please list 2 personal references

Reference 1

Employer:		From:	To:	
Supervisor:		Address:		
Area Code & Daytime Phone:	E-mail Address:	City:	State:	Zip Code:

Reference 2

Employer:		From:	To:	
Supervisor:		Address:		
Area Code & Daytime Phone:	E-mail Address:	City:	State:	Zip Code:

Personal Reference 1

Personal Reference Name:	E-mail Address:		To:
Current Address:	City	State:	Zip Code:
Area Code & Daytime Phone:	Length of Association:	Name of Relationship:	

Personal Reference 2

Personal Reference Name:	E-mail Address:		To:
Current Address:	City	State:	Zip Code:
Area Code & Daytime Phone:	Length of Association:	Name of Relationship:	

INTERESTS / HOBBIES/ ACTIVITIES

<input type="radio"/> Arts:	<input type="radio"/> Sports:	<input type="radio"/> Movies:
<input type="radio"/> Crafts:	<input type="radio"/> Outdoor Activities:	<input type="radio"/> Drama:
<input type="radio"/> Sewing:	<input type="radio"/> Gardening:	<input type="radio"/> Games:
<input type="radio"/> Reading:	<input type="radio"/> Fitness Activities:	<input type="radio"/> Music:
<input type="radio"/> Animals:	<input type="radio"/> Dancing:	<input type="radio"/> Shopping:
<input type="radio"/> Dining Out:	<input type="radio"/> Volunteering:	<input type="radio"/> Church/Temple:
<input type="radio"/> Collecting (<i>specify</i>):	<input type="radio"/> Cooking:	<input type="radio"/> Other:

THE FOLLOWING ITEMS ARE FOR STATISTICAL PURPOSES AND TO HELP US MATCH YOU

Clubs/Civic Organizations:	
Can you speak a foreign language? <input type="radio"/> Yes <input type="radio"/> No	Sign Language? <input type="radio"/> Yes <input type="radio"/> No
Religion	Congregational Affiliation:
Do you smoke? <input type="radio"/> Yes <input type="radio"/> No	Does it matter to you if client smokes? <input type="radio"/> Yes <input type="radio"/> No

Is it important that your friend be a specific age, gender, religion, and ethnic background or have a specific quality? <input type="radio"/> Yes <input type="radio"/> No If yes, please specify:
Please add any comments or information that will help Compeer in finding an appropriate match:
When are you available to meet with your Compeer? <input type="radio"/> Daytime <input type="radio"/> Evening <input type="radio"/> Weekdays: _____ <input type="radio"/> Saturdays <input type="radio"/> Sundays

Please read the following carefully and sign on the line provided:

- I understand and fully acknowledge that, in volunteering for Compeer Greater Mental Health of New York, I am entering an AT WILL relationship and that this relationship can be terminated at any time by Compeer staff, my Compeer match, his or her mental health professional, or me.
- I understand that, by signing this application, I give permission to Compeer Greater Mental Health of New York to check my motor vehicle record and criminal background, using resources of (name background check resources). I understand that I may have to give additional information to Compeer Greater Mental Health of New York to obtain such records.
- I understand, by signing this application, that my name and identifying data will be screened through the (name of statewide agency, if applicable). I understand that if my name is identified on (list name), Compeer Greater Mental Health of New York will not be able to process my volunteer application further.
- I understand by signing this application, I give permission to Compeer Greater Mental Health of New York to contact references.
- I affirm that all information I provide to Compeer Greater Mental Health of New York is true and complete to the best of my knowledge. I understand that giving false information may be sufficient cause of immediate dismissal.
- I understand that I will be asked to undergo training before I am matched with an individual in the program.
- I understand that if I am accepted as a volunteer, I will help my Compeer friend to the best of my ability and will maintain complete confidentiality concerning his or her identifying personal information.
- I understand that submission of a completed application, along with an interview by a Compeer staff person, does not obligate me to accept, nor Compeer to assign, a volunteer opportunity.

Volunteer's Signature _____ **Date:** _____

Volunteer Coordinator's Signature _____ **Date:** _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM!