



Volunteer Application Form

Please bring a copy of your driver's license and insurance card, so we can photocopy them or you may bring a copy yourself. We will also ask for your social security number for the background check.

PLEASE RETURN TO:

Helen Jameson
 Compeer Program
 2701 Rochester Avenue
 Iowa City, IA 52245
 319-383-6264

| | |
|----------------|--|
| Date Received: | |
| Match(es) | |
| | |

The Compeer program provides friends for clients referred by mental health professionals. The answers to the following questions help 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 participant 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 call or email the Compeer Director.*

| | | | | | |
|-------------------------------------|-------------|--|----------------|---------------------------|------------------|
| Name: | | Please list any other names, aliases, maiden name or the like. | | Date of Birth: | |
| Current Address: | | | | City: | State: Zip Code: |
| Home Phone: | Work Phone: | Cell Phone: | Email address: | | |
| How and when can we best reach you? | | | | | |
| For Students: Home Address | | E-mail When Not in School: | | Phone When Not in School: | |

EMERGENCY CONTACT

| | | | | | |
|--------------|------------------|----------|----------|--------|--|
| Name: | | | Zip Code | | |
| Phone (Day): | Phone (Evening): | Address: | City: | State: | |

What interests you about volunteering for Compeer?

HOW DID YOU LEARN ABOUT COMPEER? CIRCLE ALL THAT APPLY:

| | |
|------------------------------|------------------------------------|
| Compeer Volunteer – Whom? | Presentation – Where? |
| TV – Which Station? | Radio – Which Station? |
| Religious Community – Which? | Club / Civic Organization – Which? |
| Newspaper /Magazine – Which? | Poster / Flyer / Bookmark – Where? |
| Other – What? | |

What is your previous volunteer experience?

What community/civic organizations or clubs do belong to?

What are some leisure activities which you enjoy that you would like to share with a friend?

What is your access to transportation?

_____ Auto

_____ Bus

_____ Seats/Lifts

Other? _____

Please bring a copy of your driver's license and insurance card, so we can photocopy them or you may bring a copy yourself.

REFERENCES

Please provide us with your employment history, including names of supervisors. Depending on your length of employment, one or more supervisors will be contacted for a character reference. We require two professional references and two personal references that can comment on your ability to serve as a volunteer. 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.) Also, please list 2 personal references.

WORK REFERENCES

| | | | |
|---------------------------------|----------|--------|-----------|
| Employer: | From: | To: | |
| Supervisor: | Address: | | |
| Daytime Phone # with Area Code: | City: | State: | Zip Code: |
| | | | |
| Employer: | From: | To: | |
| Supervisor: | Address: | | |
| Daytime Phone # with Area Code: | City: | State: | Zip Code: |
| | | | |

PERSONAL REFERENCES

| | | | |
|--------------------------|---------------------------------|--------|-----------|
| Personal Reference Name: | Daytime Phone # with Area Code: | | |
| Current Address: | City: | State: | Zip Code: |
| Length of Association: | Nature of Relationship: | | |

| | | | |
|--------------------------|---------------------------------|--------|-----------|
| Personal Reference Name: | Daytime Phone # with Area Code: | | |
| Current Address: | City: | State: | Zip Code: |
| Length of Association: | Nature of Relationship: | | |

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

I understand and fully acknowledge that, in volunteering for Compeer, Inc., I am entering an AT WILL relationship and that this relationship can be terminated at any time by Compeer, Inc. or me.

I further understand by signing this agreement, I give permission to Compeer, Inc. to contact references and to check driving and / or criminal background. I understand that I may have to give additional information to Compeer, Inc. to secure such records.

It is my understanding that all information I provide to Compeer, Inc. is true and complete to the best of my knowledge. I understand that giving false information may be sufficient cause for immediate dismissal.

It is also my understanding that I must provide information to Compeer, Inc. regarding any medical problems and / or medications I am currently taking.

I further understand that I will be asked to undergo training, where applicable, for Compeer, Inc.

I understand that, as a volunteer, I will help my Compeer friend to the best of my ability in accordance with the policies of the agency and will maintain complete confidentiality concerning all information on Compeer friends. I further understand that submission of a completed application, along with an interview by a Compeer staff person, does not obligate me to accept, or Compeer to assign, a volunteer opportunity. I understand that, if I am to be matched, some of this information may be shared with the potential match and their therapist.

Volunteer's Signature:

Date:

Director's Signature:

Date:

BECAUSE THE POPULATION WE SERVE IS SUCH A VULNERABLE ONE, IT IS ESSENTIAL THAT WE SCREEN ALL OF OUR VOLUNTEERS CAREFULLY. YOUR COOPERATION IN COMPLETING THIS FORM IS GREATLY APPRECIATED. A "YES" TO ANY QUESTION DOES NOT NECESSARILY DISQUALIFY YOU FROM BECOMING A COMPEER VOLUNTEER. ALL INFORMATION WILL BE HELD STRICTLY IN CONFIDENCE.

Name _____ Date of birth _____

Current address

| | | |
|-----------------|------|-----|
| Street (apt. #) | city | zip |
|-----------------|------|-----|

Birthplace

| | | |
|------|-------|-----|
| City | state | zip |
|------|-------|-----|

Do you have a current driver's license? Yes _____ No _____ License # _____

Has your license ever been suspended? Yes _____ No _____ State of _____

If yes, please explain: _____

Do you have auto insurance? Yes _____ No _____ Agency _____

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

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

Are there currently any misdemeanor/felony charges pending against you ? Yes _____ No _____

If yes, please give nature of charge:

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND GIVE THE COMPEER PROGRAM MY PERMISSION TO VERIFY THIS INFORMATION WITH THE APPROPRIATE AGENCY.

Volunteer Signature _____ Date _____

Please bring a copy of your driver's license and insurance card, so we can photocopy them or you may bring a copy yourself. We will also ask for your social security number for the purpose of doing the background check.