



VOLUNTEER APPLICATION FORM

Please Print Clearly

OFFICE USE ONLY

Sent _____

Received _____

Interview _____

Training _____

After completing, please return form to:

Compeer Chester County
825 Paoli Pike, 3rd Floor, Mailbox #7
West Chester, PA 19380-4525

Voice: 610-436-4445
Fax: 610-429-1099
Email: 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 their 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 _____

Marital Status _____ Sex: F M E-Mail _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Date of Birth _____ Race _____ Religion _____
Optional Optional Optional

Emergency Contact and Phone: _____

Name any foreign language you can speak _____

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__

Hobbies, special interests or skills _____

Do you have any preferences when you are matched with a consumer? _____

If YES, please detail your preferences _____

Name _____

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

How did you hear about Compeer Chester County? _____

Please provide us with your employment history, including names of supervisors. Depending on your length of employment, one or more supervisors will be contacted as a character reference. We also require a personal reference 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. If you have no employment history, please use personal references instead. 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.

EMPLOYMENT HISTORY

Please list your last three employers, beginning with your most recent employer.
(If retired, please list last employer.)

Employer _____ Employed from _____ to _____

Address _____ Supervisor _____

Phone _____ Your position _____

Employer _____ Employed from _____ to _____

Address _____ Supervisor _____

Phone _____ Your position _____

Employer _____ Employed from _____ to _____

Address _____ Supervisor _____

Phone _____ Your position _____

PERSONAL REFERENCE

Name _____ Phone _____

Address _____

Occupation _____ How long known? _____

Compeer Chester County
A project of the Mental Health Association of Southeastern Pennsylvania

Name _____

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? _____

Because of the vulnerability of the consumer 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: _____

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 consumer to the best of my ability in accordance with the policies of the agency and will maintain complete confidentiality concerning all the information about mental health consumers. 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 _____