



Mental Health

ASSOCIATION IN GREENSBORO
Advancing Mental Wellness

330 S. Greene Street, Suite B12
 Greensboro, NC 27401
 336 373-1402 fax 336 273-4474
 Website: www.mhag.org

VOLUNTEER APPLICATION FORM - PART I

The Compeer program provides friends for clients referred by mental health professionals. The answers to the following questions help the Mental Health Association in Greensboro Compeer Coordinator to match you with an appropriate person who will benefit from your friendship. The Mental Health Association in Greensboro does not discriminate based on race, creed, color, religion, gender, age, national origin, marital or veteran status or sexual orientation. The Mental Health Association in Greensboro Compeer Coordinator 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.***

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: ()	

PLEASE LIST LAST THREE (3) ADDRESSES if lived there less than 10 years

Years:	Address:	City:	State:	Zip Code:
Years:	Address:	City:	State:	Zip Code:
Years:	Address:	City:	State:	Zip Code:

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="checkbox"/> Yes <input type="checkbox"/> No What Type? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Other Do you have any special needs for transportation? If yes, please explain (e.g., wheelchair access, etc.)		
Do you have any medical / psychological conditions or physical limitations that would affect your ability to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		

NOTE: PLEASE REMEMBER TO BRING YOUR DRIVER'S LICENSE AND A COPY OF DECLARATION OF AUTO INSURANCE POLICY TO YOUR INTERVIEW APPOINTMENT. WE ARE REQUIRED TO SCREEN ALL OF OUR VOLUNTEERS

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

<input type="checkbox"/> Compeer Volunteer – Whom?	<input type="checkbox"/> Presentation – Where?
<input type="checkbox"/> TV – Which Station?	<input type="checkbox"/> Radio – Which Station?
<input type="checkbox"/> Religious Community – Which?	<input type="checkbox"/> Club / Civic Organization – Which?
<input type="checkbox"/> Newspaper /Magazine – Which?	<input type="checkbox"/> Poster / Flyer / Bookmark – Where?
<input type="checkbox"/> Employer – Who?	<input type="checkbox"/> School – Which?
Other	

I AM INTERESTED IN THE FOLLOWING COMPEER PROGRAMS (CHECK ALL THAT APPLY)
FOR **ADULT** **OR** **YOUTH**

- 1:1 Individual Long-Term Match (1 year+)**
- Compeer Calling:** Supportive phone contact to adult Waiting List clients
- Group Match:** Interact with client in staff-supervised setting
- Skillbuilding:** Short-term volunteer opportunities to reach out to people on the waiting list. List skills you would like to share
- Friends for a Day Program** – clients and volunteers spend a few hours together out in the community. Past events include bowling, concerns, fishing and sporting events

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 a 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.

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

PERSONAL REFERENCES

Personal Reference Name:		E-Mail Address		
Current Address::		City:	State:	Zip Code
Area Code & Daytime Phone: ()	Length of Association:	Nature of Relationship:		
Personal Reference Name:		E-Mail Address		
Current Address::		City:	State:	Zip Code
Area Code & Daytime Phone: ()	Length of Association:	Nature of Relationship:		

I understand by signing this application, I give permission to Compeer, Inc. to contact references.

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

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

Revised: dp/10/04

Thank you for taking the time to complete this form