



VOLUNTEER APPLICATION PART II

**330 S. Greene Street
Greensboro, NC 27402**

Phone: 336 273-4474

Fax: 336 273-4474

Email: routlaw@mhag.org

Website: www.mhag.org

The Compeer program provides friends for clients referred by mental health professionals and themselves. The answers to the following questions 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 consumer 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:

INTERESTS / HOBBIES / ACTIVITES

<input type="checkbox"/> Arts:	<input type="checkbox"/> Sports:	<input type="checkbox"/> Movies:
<input type="checkbox"/> Crafts:	<input type="checkbox"/> Outdoor Activities:	<input type="checkbox"/> Drama:
<input type="checkbox"/> Sewing:	<input type="checkbox"/> Gardening:	<input type="checkbox"/> Games:
<input type="checkbox"/> Reading:	<input type="checkbox"/> Fitness Activities:	<input type="checkbox"/> Music:
<input type="checkbox"/> Animals:	<input type="checkbox"/> Dancing:	<input type="checkbox"/> Shopping:
<input type="checkbox"/> Dining Out:	<input type="checkbox"/> Volunteering:	<input type="checkbox"/> Church / Temple:
<input type="checkbox"/> Collecting (<i>specify</i>):	<input type="checkbox"/> Cooking:	<input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Religion:	Congregational Affiliation:
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does it matter to you if client smokes? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS

Is it important that your friend be a specific age, gender, religion, and ethnic background or have a specific quality?
 Yes 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?

Daytime Evenings Weekdays: _____ Saturdays Sundays

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

- I understand and fully acknowledge that, in volunteering for Mental Health in Greensboro, Compeer friendship program, I am entering an **AT WILL** relationship and that this relationship can be terminated at anytime by your Compeer Coordinator or me.
- I further understand by signing this agreement, I give permission to Mental Health in Greensboro to check driving and / or criminal background. I understand that I may have to give additional information to Mental Health in Greensboro to secure such records.
- It is my understanding that all information I provide to Mental Health in Greensboro is true and complete to the best of my knowledge. I understand that giving false information may be sufficient cause for immediate dismissal.
- I further understand that I will be asked to undergo training, where applicable, for Mental Health in Greensboro.
- 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 Mental Health in Greensboro staff person, does not obligate me to accept, nor Mental Health in Greensboro 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:** _____

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