

For Office Use Only

Sent:  
Rec'd:  
Trained:  
Matched:



Please return completed application to:

Compeer  
411 Dartmouth Ave.  
Swarthmore, PA 19081  
Phone 610.541.0790  
FAX 610.541.0792

## Volunteer Application

*All of the information requested on this form will be kept confidential. We only ask questions that are relevant to making a good match. You may choose not to answer any/all questions marked "optional." Thank you for your understanding and cooperation. Please print neatly.*

### Personal Information

|                         |                         |                               |
|-------------------------|-------------------------|-------------------------------|
| First Name _____        | Last Name _____         | Middle Initial _____          |
| Street Address _____    |                         | City _____                    |
| State _____             | ZIP Code _____          | County _____                  |
| Email _____             |                         |                               |
| Home Phone (____) _____ | Work Phone (____) _____ | May we call you at work _____ |
| Birth Date _____        | Race _____              | Religion _____                |
| Marital Status _____    |                         |                               |
| OPTIONAL                | OPTIONAL                | OPTIONAL                      |

|   |
|---|
| Education/Training (including any degrees held, CPR, etc.)<br>_____<br>_____<br>_____ |
| Hobbies, Special Interests, Skills<br>_____<br>_____<br>_____                         |
| Name any foreign language you can speak _____ Can you speak sign language? _____      |
| Do you smoke? _____ Are you willing to be matched with a smoker? _____                |

|  |
|--|
| Is it important that your match be of a particular race and/or religion? _____ |
| What age range do you prefer? _____ How did you hear of Compeer? _____         |

Do you have any medical or psychological problems that significantly affect your health?

\_\_\_\_\_

\_\_\_\_\_

### Employment History

Company \_\_\_\_\_ Occupation \_\_\_\_\_

Company's Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Supervisor's Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ Employment Dates \_\_\_\_\_

### Personal Reference *(The reference cannot be a relative and must have known you for at least one year)*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ How long have you know this person? \_\_\_\_\_

What is their relationship with you? \_\_\_\_\_

### Background Information

Birthplace City \_\_\_\_\_ Birthplace State/Country \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Do you have a car? \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ Has your license ever been suspended? \_\_\_\_\_

Have you ever been convicted of a crime (except minor traffic violations)? \_\_\_\_\_

Are there any misdemeanor and/or felony charges pending against you now? \_\_\_\_\_

Why do you want to volunteer for Compeer? \_\_\_\_\_

\_\_\_\_\_

What three words best describe you? \_\_\_\_\_

**\*\*\*Please return completed Application and Criminal Background Check prior to training.\*\*\***

*Because of the client population we serve is vulnerable; we must screen 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 friend.*

I certify that the above information is accurate and give Compeer my permission to verify this information with the appropriate agency/person. I understand that as a volunteer, I will help my friend to the best of my abilities in accordance with the policies of Compeer & will maintain complete confidentiality concerning all information about my friend. I understand that submission of an application and an interview does not obligate me to accept, nor Compeer to assign, a volunteer opportunity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date