

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/Certifications (including any degrees held, CPR, etc.) _____ _____ _____
Hobbies, Special Interests, Skills _____ _____ _____
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 Form 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 volunteer. Additionally, as a requirement of volunteering, all applicants will be subject to the required criminal background check. The necessary form has been provided to you.

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, or Compeer to assign a volunteer opportunity.

Signature

Date