



CompeerCORPS  
411 Dartmouth Ave.  
Swarthmore, PA 1901  
Phone: 610-541-0790  
Fax: 610-541-0792

Email: [Jonathanb@voiceandvisioninc.org](mailto:Jonathanb@voiceandvisioninc.org)  
Website: [www.compeerfriends.org](http://www.compeerfriends.org)

**Enclosed:      The CompeerCORPS Process  
                    CompeerCORPS Guidelines  
                    CompeerCORPS Referral & Release**

Dear Referring Mental Health Professional,

Thank you for your interest in the CompeerCORPS Program. For your information, I am enclosing an explanation of the CompeerCORPS Process, CompeerCORPS Guidelines, and one copy of the CompeerCORPS Referral and Release. **PLEASE NOTE: It will be helpful for you to create a CompeerCORPS Referral file and make additional blank copies of this form for future use by you and your colleagues.**

CompeerCORPS volunteers are carefully recruited, interviewed, screened and trained before matching with your client, **who must be in treatment for a primary mental health diagnosis to be eligible for the CompeerCORPS program.** The program provides comprehensive training, which orients the volunteer to procedures, requirements, and goals while honing their communication skills. CompeerCORPS monitors friendship matches on an ongoing basis via monthly reports and telephone contact.

The primary goal of CompeerCORPS is to pair the best possible volunteer with each client referred to the program. Volunteers select clients they wish to be matched with on the basis of mutual interests/hobbies and similarities to themselves; on the age of the client, on the travel distance, and on the needs of the individual and the volunteer's experience. Given these factors, an appropriate volunteer may not be immediately available at the time you make a referral. Therefore, **you may expect a delay in matching your client.** Please let your client know we are doing our best to recruit volunteers, but it may take some time. Feel free to contact us to check on our progress. If you ever have any ideas about where we can recruit additional volunteers, please contact us! Once a potential match for your client is found, a staff person from CompeerCORPS will call you to set up a personal interview with your client to ensure that s/he is appropriate for the program. We know that you will support our thorough efforts to make sure that both volunteers and clients are better served.

I hope this information about CompeerCORPS will be helpful to you. The volunteers and I view ourselves as an adjunct to your therapy relationship and look forward to working together in a shared partnership with you. Please call me with any questions.

Sincerely yours,

*Jonathan Bittner*

Jonathan Bittner  
Program Director  
CompeerCORPS of Suburban Philadelphia

## **The CompeerCORPS Process**

1. CompeerCORPS recruits volunteer applicants through media, speaking engagements, colleges, churches, informational events and other means.
2. A potential volunteer contacts CompeerCORPS office to inquire about the program.
3. A CompeerCORPS Volunteer Application is sent out with a brochure and a Volunteer Job Description.
4. Volunteer applicants return their completed Application with references. Some individuals may opt not to pursue CompeerCORPS Volunteering and do not return their Application. This is seen as a natural screening process.
5. CompeerCORPS checks the potential volunteer's criminal background checks and references, including one from an employer.
6. CompeerCORPS calls the applicant to schedule an interview. CompeerCORPS conducts an interview to further orient the person to CompeerCORPS. The volunteer makes a reservation for the next CompeerCORPS Training.
7. The volunteer attends the initial CompeerCORPS Training, held monthly for all new volunteers. If someone cannot attend this regularly scheduled training session, a one-to-one session is held instead.
8. CompeerCORPS staff contacts the client and the mental health professional to go over the program and assess the client's needs. After that meeting, the CompeerCORPS staff calls the volunteer and advises him/her that a meeting will be scheduled with the professional and CompeerCORPS staff.
9. The CompeerCORPS staff sets up an introduction meeting between volunteer, client, and mental health professional.
10. After the two new friends have met and decided to continue, the Volunteer calls the CompeerCORPS office to confirm activation of the match. CompeerCORPS sends the Volunteer a confirmation letter, Monthly Report Forms, and information about the CompeerCORPS Activity Fund (helps clients pay their own way on outings).
11. Volunteers submit Monthly Reports to CompeerCORPS, sharing activities, hours and observations. As needed, CompeerCORPS will share concerns from these reports, requesting discussion between the volunteer and referrer. Volunteer monitoring also includes periodic phone calls to and from the CompeerCORPS office.
12. The best matches are those in which the Volunteer feels supported by CompeerCORPS staff and other volunteers who make themselves available to answer questions or help with problem-solving.

# CompeerCORPS Guidelines

## Referral Procedures/Guidelines

PLEASE consider these guidelines when determining appropriateness for referral to CompeerCORPS:

- ❖ Your client is in treatment for a mental health diagnosis
- ❖ Your client's interest and willingness to be matched with a CompeerCORPS Volunteer
- ❖ Your client should sign your agency's release form and MUST sign the CompeerCORPS release
- ❖ Client's need for the kind of social interaction a volunteer friendship provides
- ❖ Any question if CompeerCORPS is the appropriate, best service to support your client may be discussed with CompeerCORPS Staff prior to submitting a referral

## Completing the Referral Form

- ❖ The two-page referral must be filled out by YOU. We ask that you be honest and clear so that CompeerCORPS staff can match your client with an appropriate volunteer
- ❖ A COMPEERCORPS RELEASE FORM must be signed in order for CompeerCORPS to furnish the potential volunteer with information from your referral
- ❖ Please print all information clearly
- ❖ Any confidential information requested is essential to facilitate the CompeerCORPS Matching Process. Pertinent information, including psychiatric and medical, should always be disclosed – either on the CompeerCORPS referral Form or in conversation with staff

## Referring Therapist Responsibilities

- ❖ When a potential volunteer is found for your client, a staff person from CompeerCORPS will call you to set up a time for a phone interview with your client. This will enable CompeerCORPS to ensure that your client is still appropriate for a match and hopefully this step will make the CompeerCORPS process more efficient. We know that you will help us in this effort so that your clients are better served
- ❖ The first meeting between a CompeerCORPS volunteer and your client will take place at the CompeerCORPS office with the referring mental health professional and a CompeerCORPS staff
- ❖ During Volunteer Training, it is stressed to our volunteer that they need to utilize you as a resource. Therapists are asked to monitor the CompeerCORPS relationship in their regular contact with their client and report any concerns to the CompeerCORPS Office. Volunteers need to respect guidance that will help them act as an adjunct to therapy. However, keep in mind that it is important that the client not see their volunteer as talking to the therapist behind their back, as this can destroy trust and undermine friendship. **Please report pertinent information, such as changes in the referred individual's status – change of address, change in assigned therapist, hospitalization – to the volunteer and the compeer office, as soon as possible!**

## CompeerCORPS Program Responsibilities

- ❖ The CompeerCORPS staff will recruit, screen, and train the volunteers prior to the volunteer/therapist meeting
- ❖ CompeerCORPS staff will monitor the CompeerCORPS Relationship and will advise the therapist of questions or concerns that may arise
- ❖ Monthly Reports submitted by the volunteer to the CompeerCORPS Office will be reviewed, and where concerns warrant, a copy will be sent to the therapist, or a phone call made
- ❖ CompeerCORPS will offer ongoing support and training for volunteers; occasional group activities for volunteers and their matched friends will be planned



## Program Referral Form "Vet2Vet" Connection

Compeer of Suburban Philadelphia  
411 Dartmouth Ave. Swarthmore, PA 19081  
(610) 541-0790 or 1-800-564-PEER  
Fax: (610) 541-0792  
www.compeerfriends.org

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**CLIENT REFERRAL INFORMATION:** to be completed by the referring Agency

Name: \_\_\_\_\_

Address of Residence: Street: \_\_\_\_\_

Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is Transportation Available? Yes: \_\_\_\_ No: \_\_\_\_ Own a car? Yes: \_\_\_\_ No: \_\_\_\_

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Race: \_\_\_\_\_

Religion/Faith: \_\_\_\_\_

Branch of Service: Army: \_\_\_\_ Navy: \_\_\_\_ Air Force: \_\_\_\_ Marines: \_\_\_\_\_

Reserves: \_\_\_\_\_ National Guard: \_\_\_\_\_ Other: \_\_\_\_\_

Years of Military Service: \_\_\_\_\_ Military Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Married: \_\_\_\_ Single: \_\_\_\_ Divorced: \_\_\_\_ Separated: \_\_\_\_ Widow/Widower:

Number of children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Does client have D&A Diagnosis? Yes: \_\_\_\_ No: \_\_\_\_

Is client currently under D&A treatment? Yes: \_\_\_\_ No: \_\_\_\_

**(Please give information that will help in making a good friendship connection with a volunteer.)**

Current Hobbies or Special Interests:

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Social Functioning/Personality:

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Positive Attributes:

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**The CompeerCORPS Program provides mental health wellness through camaraderie, Trust and Support with "Vet to Vet" connections**

Stability & willingness to participate in the CompeerCORPS Program: \_\_\_\_\_

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Suggestions to guide the CompeerCORPS volunteer in developing a friendship:

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Preference to: Age: \_\_\_\_ Race: \_\_\_\_ Smoker: Yes: \_\_\_\_ No: \_\_\_\_

Client Availability: Daytime: \_\_\_\_ Evening: \_\_\_\_ Week-end: \_\_\_\_ Anytime: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Physical Limitations / Medical Conditions: \_\_\_\_\_

Referral submitted by: \_\_\_\_\_

Title: \_\_\_\_\_ Provider/Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Primary Therapist (if different from above): \_\_\_\_\_

Agency/Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

It is understood by the Referring Provider Agency that the applicant will be placed on a waiting list because volunteers from the community may not be immediately available to complete a "vet to vet" connection. **All information on this referral form is held confidential with HIPAA compliance.**

Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

# **RELEASE OF INFORMATION: CompeerCORPS Program**

Compeer of Suburban Philadelphia  
411 Dartmouth Ave.  
Swarthmore, PA 19081

Phone: (610) 541-0790  
Fax: (610) 541-0792

I, \_\_\_\_\_, do hereby consent to and  
Authorize \_\_\_\_\_ to disclose to the  
\_\_\_\_\_ CompeerCORPS Program Director / Volunteer  
\_\_\_\_\_ Mental Health Advocate  
\_\_\_\_\_ Voice and Vision  
\_\_\_\_\_ Other: \_\_\_\_\_

Information from my case records. I understand the reason for this Release of Information is to facilitate program guidelines, and to allow program coordinators and advocates to discuss information with collaborative agencies, providers, or others for the purpose of helping with a specific problem or complex situation.

*This statement must be signed upon entering the CompeerCORPS Program or programs at the Voice and Vision Inc. and may be revoked at any time. This Release of Information will remain confidential and in compliance with the **Compeer of Suburban Philadelphia HIPAA policy guidelines**. This Release of Information will remain in force for a reasonable period of time and may be updated periodically.*

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_