



COMPEER OF MONTGOMERY COUNTY APPLICATION FORM - PART I -

PLEASE RETURN TO:
Compeer of Montgomery County
1398 Lambertton Drive
Silver Spring, MD 20902

Phone: (301) 754-1102 ext. 15
Fax: (301) 754-1690

Website: www.thresholdservices.org

The Compeer program provides friends for clients referred by mental health professionals. 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 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 the volunteer coordinator.*

Name:		E-Mail Address:		
Current Address:		City:	State:	Zip:
Home Phone:	Work Phone:	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 HELP 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 Compeer?				
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.)				

NOTE: PLEASE REMEMBER TO BRING YOUR DRIVER'S LICENSE AND A COPY OF DECLARATION OF AUTO INSURANCE POLICY TO YOUR INTERVIEW APPOINTMENT. WE 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)

- 1:1 Individual Long-Term Match (1 year+)**
- Compeer Calling:** Supportive phone calling to adult Waiting List clients
- Skillbuilding:** Short-term volunteer opportunities to reach out to people on the waiting list. List skills you would like to share:

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:	

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

PERSONAL REFERENCES

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

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

I understand by signing this application, I give permission to Compeer of Montgomery County to contact references.

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

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

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM