



## COMPEER OF MONTGOMERY COUNTY APPLICATION FORM - PART II -

**PLEASE RETURN TO:**  
**Compeer of Montgomery County**  
**1398 Lambert Drive**

**Phone: (301) 754-1102 ext. 15**  
**Fax: (301) 754-1690**  
**Silver Spring, MD 20902**  
**Website: [www.thresholdservices.org](http://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:
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### INTERESTS / HOBBIES / ACTIVITIES

<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 (specify):	<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekdays: _____ <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays

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

- I understand and fully acknowledge that, in volunteering for Compeer of Montgomery County, I am entering an AT WILL relationship and that this relationship can be terminated at any time by Compeer of Montgomery County or me.
- I further understand by signing this agreement, I give permission to Compeer of Montgomery County to check my driving and / or criminal background. I understand that I may have to give additional information to Compeer to secure such records.
- It is my understanding that all information I provide to Compeer of Montgomery County 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 Compeer of Montgomery County.
- 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 Compeer staff person, does not obligate me to accept, nor Compeer 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 the referring professional.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_