



## COMPEER Mentoring Program - Volunteer Application

**Please Return To:**

<b>Compeer Youth Mentoring Program</b>	<b>Phone: (607) 771-8888 ext. 305</b>
<b>MHAST, Inc.</b>	<b>Fax: (607) 771-8892</b>
<b>47 Broad Ave.</b>	<b>E-mail: <a href="mailto:dolores.wisdom@MHAST.org">dolores.wisdom@MHAST.org</a></b>
<b>Binghamton, NY 13904</b>	<b>Website: <a href="http://www.MHAST.org">www.MHAST.org</a></b>

The Compeer Youth Program encourages at risk youth to build self confidence, self-reliance, and healthy relationships by involving them in one-to-one mentorships, innovative programs, and regular positive social contact. 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 a 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 a Compeer Volunteer Coordinator.***

***NOTE: PLEASE REMEMBER TO BRING YOUR DRIVER'S LICENSE AND A COPY OF THE DECLARATIONS PAGE FROM YOUR AUTO INSURANCE POLICY TO YOUR INTERVIEW***

**WE ARE REQUIRED TO SCREEN ALL OF OUR VOLUNTEERS**

I am interested in Volunteering for the following:  Compeer Adult Program  Compeer Youth Program  
 I'm interested in both Compeer Programs

Name:		E-Mail Address		
Current Address:		City:	State:	Zip Code:
Home Phone: (     )	Work phone and extension: (     )	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: (     )	
Place of Birth (City, State)				

**EMERGENCY CONTACT**

Name:		Relationship to You:	
Phone (Day): (       )	Phone (Evening): (       )	Cell Phone: (       )	

**THE FOLLOWING ITEMS ARE FOR STATISTICAL PURPOSES AND TO HELP US 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 volunteering?		
Do you have access to transportation? <input type="radio"/> Yes <input type="radio"/> No   What Type? <input type="radio"/> Car <input type="radio"/> Bus <input type="radio"/> Other Do you have any special needs for transportation? If yes, please explain (e.g., wheelchair access, etc.)		
Do you have any medical / psychological conditions or physical limitations that would affect your ability to volunteer? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe:		

**HOW DID YOU LEARN ABOUT COMPEER? CHECK ALL THAT APPLY:**

<input type="radio"/> Compeer Volunteer	<input type="radio"/> Presentation – Where?
<input type="radio"/> TV – Which Station?	<input type="radio"/> Radio – Which Station?
<input type="radio"/> Religious Community – Which?	<input type="radio"/> Club / Civic Organization – Which?
<input type="radio"/> Newspaper / Magazine – Which?	<input type="radio"/> Poster / Flyer / Bookmark – Where?
<input type="radio"/> Employer	<input type="radio"/> School – Which?
Other	

**CRIMINAL HISTORY INFORMATION: I certify to the best of my knowledge and belief that I :**

(Check as appropriate)  **Have \***  **Have not** been convicted of a crime in New York State or any other jurisdiction.

**Do \***  **Do not** have any pending felony or misdemeanor charges

**Note: If you have checked either "Have" and/or "Do" please provide a brief explanation.**

**REFERENCES**

**(Employer References)**

We require a minimum of two references, which may be professional or personal, that can comment on your ability to serve as a volunteer. **The reference cannot be a relative or reside in the same household and must have known you for at least one year.**

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

## (Personal References)

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

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

### INTERESTS / HOBBIES / ACTIVITES

<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 ( <i>specify</i> ):	<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

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 MHAST, Inc., I am entering an **AT WILL** relationship and that this relationship can be terminated at any time by Compeer MHAST, Inc. or me.
- I further understand by signing this agreement, I give permission to Compeer MHAST, Inc. to check driving and / or criminal background. I agree to a fingerprint check administered by the Greater Binghamton Health Center. I understand that all released information will be held in strict confidence and used only to assist Compeer MHAST, Inc. in making an appropriate match.
- I understand by signing this application, I give permission to Compeer MHAST, Inc. to contact the references provided.
- It is my understanding that all information I provide to Compeer MHAST, Inc. 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 MHAST, Inc.
- 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 their therapist.

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

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

**Thank you for taking the time to complete a Compeer Application!**

If you have any questions regarding our Compeer Programs, this application or the application process please call our  
Volunteer Coordinator at (607) 771-8888 ext. 305