

# COMPEER VOLUNTEER APPLICATION

Please Return To:  
**Mental Health America**  
**of Central Carolinas**  
**3701 Latrobe Drive, Suite 140**  
**Charlotte, North Carolina 28211**  
**Telephone: 704.365.4380 Fax: 704.365.9973**

Volunteers must be at least 18 years old. They must also submit to a background check including their criminal history. Any individual who is included in the Sexual Abuse Registry will be precluded from volunteering in Compeer. Mental Health America's Compeer Program provides friends for clients referred by mental health professionals from the Area Mental Health Authority and its case management contract agencies. Mental Health America/Compeer does not discriminate based on race, creed, color, religion, gender, national origin, nor marital or veteran status. Mental Health America/Compeer is aware of the sensitive nature of some of the questions on the application form and during the interview process. It has been the agency's experience that having as much information as possible about each individual increases the ability to match people successfully. **Any and all information is kept confidential.**

1. Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Veteran Y/N
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_
3. Marital Status: \_\_\_\_\_ if children, sex & age: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Cultural Identity: \_\_\_\_\_
7. Employer: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_
8. Education: \_\_\_\_\_
9. Previous volunteer experience: \_\_\_\_\_
10. Do you have access to transportation? If so, what type? \_\_\_\_\_
11. Do you have any current medical/psychological conditions or physical limitations which would affect your volunteering with Compeer? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_
12. How did you learn about Compeer? \_\_\_\_\_
13. How often can you volunteer? (Circle) Once/two weeks    Once/week    More than once a week
14. I am interested in the following Compeer Programs (Check all that apply)  
\_\_\_\_\_ One-to-One                  \_\_\_\_\_ Caller                  \_\_\_\_\_ Friend for a Day
15. **Emergency Contact Information**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

## REFERENCES

Please provide us with your employment history, including names of supervisors. Depending on your length of employment, one or more supervisors will be contacted for a character reference. We require two professional references and two personal references 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.**

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). Please list 2 personal references.

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

## PERSONAL REFERENCES

Personal Reference: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Length of Association: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Length of Association: \_\_\_\_\_ Nature of Relationship: \_\_\_\_\_

## BACKGROUND INFORMATION

All volunteer applicants are screened carefully. Cooperation in completing this form is greatly appreciated. A "yes" to any question does not necessarily disqualify an applicant from becoming a Compeer volunteer. **Any and all information is kept confidential.**

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

Do you have a current driver's license? (Please circle) Yes No

If yes, State and License # \_\_\_\_\_

Has your license ever been suspended? (Please circle) Yes No State of \_\_\_\_\_

Explain \_\_\_\_\_

Do you have auto insurance? (Please circle) Yes No Agency \_\_\_\_\_

Have you ever been convicted of a crime (except minor traffic violations)? Yes No

Describe nature of the crime, date of charge, and disposition:

Are there any misdemeanor/felony charges pending against you currently? Yes No

Describe nature of charge \_\_\_\_\_

**I certify that the above information is accurate and I give the Compeer program my permission to verify this information with the appropriate agencies.**

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

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: Please remember to bring your driver's license and proof of auto insurance to your interview appointment.***

## COMPEER VOLUNTEER/CONFIDENTIALITY AGREEMENT

**Please initial each statement below and sign on the line provided:**

\_\_\_\_\_ I understand and fully acknowledge that in volunteering for Compeer, I am entering an **AT WILL** relationship and that Compeer or I can terminate this relationship anytime.

\_\_\_\_\_ I further understand by signing this agreement, I give permission to Compeer to contact references and to check 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 is true and complete to the best of my knowledge, and will be kept in confidence by Mental Health America of Central Carolinas. I understand that giving false information may be cause for immediate dismissal.

\_\_\_\_\_ It is also my understanding that I must provide information to Compeer regarding any medical problems and/or medications I am currently taking.

\_\_\_\_\_ I further understand that I will be asked to undergo training.

\_\_\_\_\_ I understand that, as a volunteer, I will help my Compeer friend to the best of my ability in accordance with the policies of Mental Health America of Central Carolinas. I further understand that submission of a complete application, along with an interview by a Compeer staff person, does not obligate me to accept nor Compeer to assign a volunteer opportunity.

\_\_\_\_\_ I will maintain complete confidentiality concerning all information on Compeer friends.

\_\_\_\_\_ I defend, indemnify, and hold harmless Mental Health America of Central Carolinas from all liability, personal injury, loss or damage whatsoever from any cause which may arise from activities on behalf of Mental Health America of Central Carolinas.

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

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

**Witness's Signature:** \_\_\_\_\_

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



**Participation Waiver**

In consideration for participating in any Compeer Event, I assume responsibility for all my actions while at Mental Health America of Central Carolinas, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or the Mental Health America of Central Carolinas, ParentVOICE and Compeer program staff and volunteers.

Furthermore, I will not hold the Mental Health America of Central Carolinas, ParentVOICE and Compeer programs, the Board of Directors and their officers, employees and agent and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

**Parent or Guardian Consent Form**

I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation in the Mental Health America of Central Carolinas, ParentVOICE and Compeer programs.

I hereby release the Mental Health America of Central Carolinas, the State of North Carolina, the Board of Directors, and their officers, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above as stated and its agents will make every effort to contact parent/guardians immediately if necessary.

Furthermore, I release the Mental Health America of Central Carolinas, the State of NC, the Board of Directors and their officers employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent

(\_\_\_\_)\_\_\_\_\_  
Parent's Phone Number