



P.O. Box 927548
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Compeer San Diego is an affiliate of I.A.C.P.

Volunteer Application

Compeer provides friends for clients referred by mental health professionals. The answers to the following questions will help the staff match you with an appropriate person who will benefit from your friendship. Although some of the questions are personal in nature, we request this information only because it facilitates a good match between volunteer and client. All answers will be kept confidential.

1. Name _____ Date _____
2. Address _____ email address _____
3. Phone: Home _____ Work _____ Best Times to Call _____
4. Marital Status _____ Sex & Age of Children _____
5. Date of Birth _____ Race _____ Religion _____
6. Employer _____ Occupation _____
7. Education/Training _____
8. Name any foreign language(s) you can speak _____
9. Hobbies, special interests or skills _____
10. Do you have a car? Yes ___ No
11. Is it important the client be a particular race? Yes ___ No ___
12. Is it important the client be a particular religion? Yes ___ No
13. What age range do you prefer? _____
14. Do you have any medical or psychological problems which significantly affect your health?
Yes ___ No ___ If yes, please explain _____
15. How did you hear about Compeer? ___ newspaper ___ website ___ brochure ___ other volunteer
other, please specify _____
16. What prompted your interest in volunteering? _____

I understand that, as a volunteer, I will help the client to the best of my ability in accordance with the policies of the agency and will maintain complete confidentiality concerning all information on Compeer clients. I further understand that submission of a completed application, along with an interview by a Compeer staff person, does not obligate me to accept a volunteer opportunity.

Type Name _____

Signature _____

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 also require a personal reference who can comment on your ability to serve as a volunteer. The reference cannot be a relative and must have known you for at least one year.

Employment History - Please list your last three employers beginning with your current employer. (If retired, please list last employer).

Employer_____ Address_____
Employed from_____ to_____ Supervisor_____
Employer_____ Address_____
Employed from_____ to_____ Supervisor_____
Employer_____ Address_____
Employed from_____ to_____ Supervisor_____

Personal Reference

Name_____
Address_____
Daytime Phone Number_____

Making Friends

Changing Lives

Because the client population we serve is such a vulnerable one, it is essential that we screen all our volunteers carefully. Your cooperation in completing this form is greatly appreciated.

A yes to any question does not necessarily disqualify you from becoming a Compeer volunteer. All information will be held strictly in confidence.

Name _____ Date of Birth _____

Current Address _____

Birthplace _____

Do you have a current driver=s license? Yes ___ No ___ License # _____

Has your license ever been suspended? Yes ___ No ___ State of _____

Please explain _____

Do you have car insurance? Yes ___ No ___ Agency _____

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

If yes, give the date and nature of charge and conviction _____

Are there any misdemeanor/felony charges pending against you now? Yes ___ No _____

Please give nature of charge _____

Please certify that the above information is accurate and give Compeer your permission to verify this information with the appropriate agency.

Signed _____ Date _____

Witness Signature _____

Witness Signature _____

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