



of the Lehigh Valley



Compeer of the Lehigh Valley Volunteer Application

The Compeer of the Lehigh Valley program provides friends for clients referred by mental health professionals. The answers to the following questions help our staff to match you with an appropriate person who will benefit from your friendship.

Contact Information

Name: _____ Social Security Number _____
(for background check only)

Please list any other names or aliases you have used i.e. maiden name: _____
(for background check only)

Date of Birth: _____ Current Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email Address: _____

Best Method to Reach You: _____

For Students- Current Address: _____

Emergency Contact - Name: _____ Relationship to you: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Tell Us About Yourself

Please complete the following questions to let us know about your interest in volunteering.

What interests you about volunteering with Compeer of the Lehigh Valley? _____

How did you learn about Compeer? _____

What is your previous volunteer experience? _____

What are some leisure activities which you enjoy that you would like to share with a friend? _____

Personal Reference

We require three (3) personal references that can comment on your ability to serve as a volunteer. Personal references cannot be a relative or reside in the same household.

Name: _____ Relationship to you: _____ Email _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____ Relationship to you: _____ Email _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Name: _____ Relationship to you: _____ Email _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Compeer of the Lehigh Valley
402 North Fulton Street | Allentown, PA 18102
610-774-1450 | compeer@pbfalv.org

Professional Reference & Work History

Please list your last two (2) employers, beginning with your current employer. If retired, please list last employer. For full-time students, please provide one (1) references from your school experience. The reference cannot be a relative or reside in the same household.

Employer: _____ Address: _____

Phone: _____ Supervisor: _____

Date Started: _____ Date Ended: _____

Employer: _____ Address: _____

Phone: _____ Supervisor: _____

Date Started: _____ Date Ended: _____

Agreement of Terms

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

Are you 18 years of age or older? Yes: _____ No: _____

Do you have a vehicle? Yes: _____ No: _____

Do you have a current driver's license? Yes: _____ No: _____ License # _____

Has your license ever been suspended? Yes: _____ No: _____

If yes, please explain: _____

Do you have auto insurance? Yes: _____ No: _____ Agency _____

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

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

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

If yes, please give nature of charge: _____

I understand and fully acknowledge that, in volunteering for Compeer of the Lehigh Valley I am entering an AT WILL relationship and that this relationship can be terminated at anytime by Compeer, Inc. or me.

I further understand by signing this agreement, I give permission to Compeer of the Lehigh Valley to contact references and to check driving and/or criminal background. I understand that I may have to give additional information to Compeer, Inc. to secure such records.

It is my understanding that all information I provide to Compeer of the Lehigh Valley 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 the Lehigh Valley.

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, or Compeer to assign, a volunteer opportunity.

Volunteer's Signature _____ Date _____

Volunteer Coordinator's Signature _____ Date _____

Please bring a copy of your driver's license and insurance card when arriving at Pinebrook Family Answers to meet with a volunteer coordinator, so we can photocopy them.

Please mail or drop Volunteer Application to:

Compeer of the Lehigh Valley, Attn: Volunteer Coordinator, 402 N. Fulton Street, Allentown PA 18102

For Internal Office Use Only

Date Received: _____

Potential Match: _____