



Compeer Niagara Volunteer Application

What is Compeer Niagara?

Compeer Niagara is a non-profit, volunteer-based program in Niagara County, NY that serves adults and children who have a mental health diagnosis and limited social supports. Participants who will benefit from one-to-one relationships with volunteers from the community are referred to the program by their mental health professional. Compeer Niagara also offers monthly group activities which provide the opportunity for social inclusion.

Our Goal:

Our aim is to improve the quality of life and self-esteem of our clients through social inclusion, enjoyable activities, and the experience of mutual trust in a non-clinical setting.

Your Role:

Our goal is achieved by matching volunteers with participants. Volunteers have the option to be involved in either the Adult Compeer Niagara program or the Kids Compeer Niagara program. In the adult program, volunteers are matched in a one-to-one *friendship* with a participant of the same gender who has shared interests. In the kids program, volunteers are matched in a one-to-one *mentorship* with a participant of the same gender who has shared interests. Volunteers commit to investing 4 hours per month for at least a 12-month period. These 4 hours consist of time spent in person and over the phone. Time spent together is all about having fun while enjoying each other's company within the community.

Requirements:

1. Completed **Volunteer Application**.
2. Complete an **Interview** with the Compeer Niagara Director. (Two are required for Kids Compeer Niagara Volunteers.)

After a successful interview, the following must take place.

3. A copy of your **Driver's License**. (Copy can be made in-office.)
4. **DMV Record**. (Reimbursement provided for the fee.)
5. A copy of your **Car Insurance Policy** showing liability coverage.
6. **Fingerprinting**. (This is scheduled and paid for by the MHA.)
7. **Background Check**. (For Kids Compeer Niagara Volunteers only.)
8. **Training** with the Compeer Niagara Director once accepted.

Return the required forms to: MHA in Niagara County
Compeer Niagara
36 Pine St.
Lockport, NY 14094

Feel free to call us at (716) 433-3780 if you have any questions.

Volunteer Application

Personal Information

Name _____ Gender: **Male / Female** Today's Date ____/____/____

Address _____ City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Phone Number _____ Best time to call _____

Email Address _____

Race _____ Religion _____

Marital Status: Single Married Divorced Significant other/Partner Widowed

Age and Gender of Children _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Do you have any medical or psychological problems that significantly affect your health? **YES / NO**

Explain _____

Tell us about...

How did you learn about Compeer Niagara? _____

Why do you want to volunteer for Compeer Niagara? _____

Would you prefer to be matched with: An adult A child Undecided

Preferred age range _____ Why? _____

Best time for you to volunteer: Mon-Fri Sat/Sun Morning Afternoon Evening

What hobbies, special interests, or skills do you have? _____

How do you spend your leisure time? _____

Do you have any club or organization affiliations? _____

Anything else you would like us to know. _____

Employment History and References

Name: _____

Please provide us with your employment/volunteer history including names of supervisors. Supervisors may be contacted for a character reference. We also require two personal references 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/Volunteer History

Please list your employment/volunteer history beginning with your current employer. (If retired, please list last employer.)

Employed/Volunteered from _____ to _____ Agency _____

Supervisor _____ Address _____

Phone _____

Employed/Volunteered from _____ to _____ Agency _____

Supervisor _____ Address _____

Phone _____

Personal References

Must not be a relative. Must have known you for at least one (1) year.

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Additional Information

Because of the nature of the population we serve, it is essential that we screen all our volunteers carefully. Your cooperation in completing this form is appreciated. A "YES" TO ANY QUESTION DOES NOT NECESSARILY DISQUALIFY YOU FROM BECOMING A VOLUNTEER. ALL INFORMATION WILL BE HELD IN CONFIDENCE.

Name _____ Date of Birth ____/____/____

Driver's License ID Number (This is the 9 digit number located above your photo) _____

Expiration date of your license ____/____/____ Has your license ever been suspended? **YES / NO**

If yes, please explain _____

Do you have use of a car? **YES / NO**

Do you have auto insurance? **YES / NO** Agency Name _____

Have you ever been convicted of a crime (except minor traffic violations)? **YES / NO**

If yes, give date and nature of charge(s) _____

Are there any misdemeanor/felony charges pending against you now? **YES / NO**

If yes, give date and nature of charge(s) _____

I UNDERSTAND that it is my responsibility to maintain liability coverage during the time when I will be transporting Compeer Niagara participants. I understand that if at any point I do not have liability coverage, I will refrain from transporting Compeer Niagara participants and will inform Compeer Niagara staff.

I UNDERSTAND that as a volunteer, I will support the person I am matched with to the best of my ability in accordance with the policies of Compeer Niagara and the Mental Health Association in Niagara County Inc.

I WILL maintain complete confidentiality concerning all information on Compeer Niagara persons. I further understand that submission of a completed application, along with an interview by Compeer Niagara staff and the mandatory training does not obligate me to accept or Compeer Niagara to assign a volunteer match or any other volunteer opportunity.

I CERTIFY that the above information is accurate and give the Mental Health Association in Niagara County, Inc. and its Compeer Niagara programs my permission to verify this information with the appropriate agency.

Volunteer Signature _____ Date ____/____/____

Witness Signature _____ Date ____/____/____