

**Breakthrough House, Inc.
Volunteer Application Form**

The Breakthrough House Compeer Program provides volunteer friendships for those referred by a mental health professional. The answers to the following questions will help the Compeer 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 because it facilitates a good match. All answers will be kept confidential.

Name _____

Address _____ City _____ Zip _____

E-mail Address _____

Phone: Home _____ Cell _____

Business _____ Best time to call _____

Employer (for students, year in school) _____

Education/Training _____

Occupation _____

Foreign Languages spoken _____ Sign Language _____

Hobbies, clubs, special interests, skills _____

Is it important that your match be of a particular race? Yes _____ No _____

Is it important that your match be of a particular religion? Yes _____ No _____

What age range do you prefer? _____

How did you learn about Compeer? Speaker _____ TV _____ Newspaper _____
Another Volunteer (specify) _____ other (specify) _____

What prompted your interest in volunteering for Compeer? _____

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 persons in the Compeer Program. I further understand that submission of a completed application, along with an interview by a Compeer staff person, do not obligate me to accept, or Compeer to assign, a volunteer opportunity.

Signature _____ Date _____

Employment and Personal Reference

Volunteer Name _____

Please provide us with your current employer and two personal references. The personal references cannot be relatives and must be able to comment on your ability to serve as a volunteer.

Current Employer

Employed from _____ to _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Personal Reference

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone number where the person can be reached during the day:

E-mail Address: _____

Personal Reference

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone number where the person can be reached during the day:

E-Mail Address: _____