QUESTIONS AND ANSWERS ABOUT COMPEER

What is Compeer?

Compeer is a non-profit program which matches caring, sensitive, and trained volunteers with mental health service recipients in one-to-one friendship relationships. Volunteers share the power of friendship to help people with mental illnesses live happier, more productive lives.

What does the word "Compeer" mean?

"Compeer" means a companion who is also a peer or equal. Loneliness, failure, fear and loss of self-esteem are often experienced by those who suffer mental illness. A caring friend can help restore joy and hope to a life that may be empty of both.

Where did Compeer originate?

Compeer was established in 1973 in Rochester, New York. In 1982 the National Institute of Mental Health (NIMH) chose compeer as a model program and funded the development of similar programs throughout the nation. Currently there are over 100 Compeer Programs in operation or development across the United States, and in Canada and Australia.

How does Compeer work?

Volunteers are asked to be available for regular contact of about four hours a month for a period of one year. Many volunteers extend their commitments past one year and spend more time with their Compeer friends. Volunteers receive five hours of training from Compeer staff. Volunteers meet with the therapists who referred new friends to the program and receive continuing support from staff members. Volunteers are asked to send in brief monthly reports. Ongoing education and support for volunteers is provided by periodic information groups which meet to discuss problems and share ideas.

Therapists refer clients to Compeer, provide initial consultation with the volunteer, and are available for backup support. They receive copies of volunteers' monthly reports. Therapists, clients and volunteers also evaluate the program annually. Compeer is regarded as an adjunct to therapy. Where a natural support system is lacking, the volunteer fills the gap that occurs between treatment services provided and the absence of supportive family and friends.

The Compeer staff provides community and professional education about Compeer, recruits volunteer and referrals, engages in public relations activities, organizes training, provides continuing support for volunteer/client relationships, and seeks funding for special projects.

STEUBEN COUNTY:    LINDA LOSEY
3 EAST PULTENEY SQUARE
BATH, NY 14810
PHONE (607) 664-2119
VOLUNTEER INVOLVEMENT FORM

WANT TO GET MORE INVOLVED?

Some Compeer volunteers ask how they can become more involved with the Program. Listed below are several areas of possible interest. Please check any in which you might like to participate sometime.

- fund raising
- enrichment activities (social events for volunteers and their Compeer friends)
- speaking engagements
- volunteer information programs (monthly one-hour workshops for volunteers)
- office/clerical help
- training of new volunteers
- recruitment activities
- television and radio interviews

Please list any other special interest of skills that you would like to contribute to Compeer.

______________________________________________________________

Date: __________________________________________________________________________________

Name: ____________________________________________________________________________________

Address: ________________________________________________________________________________

Home Phone: ___________________ Work Phone: ___________________

Best time to call: _________________________________________________________________

Linda Losey
Steuben County Youth Bureau
3 East Pulteney Square
Bath, NY 14810
Phone: (607) 664-2119
VOLUNTEER APPLICATION FORM

The Compeer Program provides volunteer friendships for those referred by a mental health professional. The answer 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

Marital status

Sex and age of children

Phone: Home Business Best time to call

Date of Birth Race Religion

Employer Education/Training (students: yr. in school)

Occupation

Foreign languages spoken Sign Language?

Hobbies, clubs, special interest, skills

Do you have use of a car? Yes No Veteran? Yes No

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?

Do you have any medical or psychological condition that affects your health? Yes No

If yes please explain

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 person in the Compeer program. I further understand that submission of a completed application, along with an interview by a Compeer staff person, does not obligate me to accept, nor Compeer to assign, a volunteer opportunity.

Signature:

PLEASE RETURN TO:

Linda Losey
Steuben County Youth Bureau
3 East Pulteney Square
Bath, NY 14810 Phone: (607) 664-2119
VOLUNTEER EMPLOYMENT HISTORY AND PERSONAL REFERENCES

Volunteer Name: ________________________________

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 know you for at least one year. (For full time students, please provide 2 references from your college experience).

EMPLOYMENT HISTORY: Please list your last three employers beginning with your current employer. (If retired, list last employer).

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PERSONAL REFERENCES:

Name ____________________________________________

Address _________________________________________

street (apt.)   city   state   zip

Phone number where person can be reached during the day __________________________

Name ____________________________________________

Address _________________________________________

street (apt.)   city   state   zip

Phone number where person can be reached during the day __________________________
BECAUSE THE POPULATION WE SERVE IS SUCH A VULNERABLE ONE, IT IS ESSENTIAL THAT WE SCREEN ALL OF 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

street (apt.) __________________________ city __________ state __________ zip

Birthplace

________________________ city __________ state __________ zip

Do you have a current driver's license? Yes ☐ No ☐ Lic. # __________________________

Has your license ever been suspended or revoked? Yes ☐ No ☐ State of __________________________

If yes, please explain: _________________________________________________________________

Do you have auto insurance? Yes ☐ No ☐ Agency __________________________

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

If yes, please give 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 CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND GIVE THE COMPEER PROGRAM MY PERMISSION TO VERIFY THE INFORMATION WITH THE APPROPRIATE AGENCY.

Witness _______________________________ Witness Signature __________________________________

Volunteer Signature ____________________________________________________________

Date ________________________________ (copy of license here)
To: Steuben County Sheriff's Department
From: Gary S. Pruyn, Compeer Program
Date:

The following individual has applied to serve as a volunteer in the Compeer program as a friend to a person receiving mental health services. Because the client population we serve is such a vulnerable one, it is essential that we screen all of our volunteers carefully. A background inquiry with release of information concerning any arrests, violations, criminal convictions, or felony/misdemeanor charges pending is needed and has been consented by the person named below.

******************************************************************************
I hereby authorize the release of the above information from the Steuben County Sheriff's Department to the Compeer Program of Steuben County. I understand that the information to be released is confidential and protected from disclosure.

Print Name                  Street Address
______________________________

Signature                  City                        State            Zip
______________________________

Date of Birth                Notary Public signature (required)
______________________________

Date _______________________

Attach a copy of drivers license or other form of photo ID (required)

******************************************************************************

☐ The above named individual has no arrest or criminal record with the Steuben County Sheriff's Department and has no known charges pending.

☐ The criminal record of the above named individual is attached.

PERSON(S) RELEASING INFORMATION

Signature __________________________________________________________

Title   ____________________________________________________________

Date   ____________________________________________________________
PERSONAL INFORMATION SHEET

NAME ___________________________ CREDENTIAL ___________ Compeer Volunteer

CITY ___________________ STATE ___________ ZIP CODE _______________

TELEPHONE ____________________________________________
(If unlisted, your number will be kept confidential.)

SOCIAL SECURITY # ___________________ DATE OF BIRTH _______________

MARITAL STATUS
☐ SINGLE
☐ MARRIED
☐ SEPARATED
☐ DIVORCED
☐ WIDOWED

If you have a spouse, please list his or her name and date of birth

NAME ___________________________ DATE OF BIRTH _______________

List all dependent children and their dates of birth.

____________________________________________________________________ DATE OF BIRTH _______________
____________________________________________________________________ DATE OF BIRTH _______________
____________________________________________________________________ DATE OF BIRTH _______________
____________________________________________________________________ DATE OF BIRTH _______________
____________________________________________________________________ DATE OF BIRTH _______________

In case of emergency, whom shall we contact?

NAME ______________________________________________________

ADDRESS ____________________________________________________

PHONE ____________________________