



Steuben County Community Services || 115 Liberty Street || Bath, NY 14810
Phone: (607) 664-2045 || Fax: (607) 664-2189

"Using the power of friendship to help people with mental illness lead happier, more productive lives."

Dear Prospective Volunteer:

Thank you for your interest in Compeer. Here is a Question/Answer sheet about our program. Attached is a Volunteer Application form for you to complete and return to our office in the stamped envelope provided. All of the information requested on the application is essential for the matching process to assure a suitable match to meet everyone's needs. Upon receipt of the completed application, I will contact you to schedule an interview meeting.

We look forward to having you join with other Compeer volunteers who have come to understand and view their Compeer friends simply as individuals who are having trouble coping with everyday life situations and who could benefit from the supportive friendship of a concerned and caring friend.

As a compeer volunteer, you will enrich the quality of someone's life and help to overcome the loneliest illness in the world.

Please call me at 607-664-2045 or contact me by email at compeer@co.steuben.ny.us should you have any questions. We look forward to having as part of our team.

In friendship,

Tracie Barner
Compeer Coordinator

Attachments

QUESTIONS AND ANSWERS ABOUT “*COMPEER*”

What is “*Compeer*”?

Compeer is a non-profit program that matches caring, trained volunteers with adults and children receiving mental health services in one-to-one friendship relationships. Volunteers *share the power of friendship* to help people with mental illness overcome isolation and live happier, more productive lives. These supportive friendships serve as a complement to therapy, helping clients on their journey to recovery.

What does the word “*Compeer*” mean?

“*Compeer*” means a companion who is also a peer or equal. Loneliness, fear and loss of self-esteem are common experiences of those who suffer mental illness. A caring friend can help restore the joy and hope that were lost because of their illness.

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 80 “*Compeer Programs*” in operation or development across the United States, and in Canada and Australia.

How does “*Compeer*” work?

Volunteers are asked to spend about four hours a month—typically meeting weekly—with their “*Compeer*” friend, for a period of a year. Together, they do the things they enjoy doing everyday—from taking walks to seeing movies, going out to dinner and taking in a sporting event. They also participate in “*Compeer*”-sponsored special activities. The volunteer acts as a caring, consistent, supportive friend, role model, and advocate, and becomes part of the team that includes the client and mental health therapist.

“*Compeer*” volunteers complete a comprehensive screening process and attend training sessions before being matched with a client. Mental health therapists refer clients to “*Compeer*”, provide initial consultation with the volunteer, and are available for ongoing support.

Volunteers send in brief monthly reports to program coordinator about their contact with their friend. The coordinator provides ongoing support and guidance to the volunteers and their friends through periodic individual contact, as well as through workshops, meetings, and activities. These provide opportunities to discuss problems and share ideas.

The “*Compeer*” staff educates the community and mental health professionals about “*Compeer*”; recruits, screens, and trains volunteers; takes client referrals; engages in public relations activities; provides continuing support for volunteer/client relationships; organizes group activities for “*Compeer*” matches and others receiving mental health services; and seeks funding for special projects.

CONTACT INFORMATION: **STEUBEN COMPEER**
 115 LIBERTY STREET
 BATH, NY 14810

PHONE: 607-644-2045
FAX: 607-664-2189
E-MAIL: compeer@co.steuben.ny.us

NOTE: PLEASE REMEMBER TO BRING TO YOUR INTERVIEW APPOINTMENT YOUR DRIVER'S LICENSE AND A COPY OF THE DECLARATION PAGE FROM YOUR AUTO INSURANCE POLICY

WE ARE REQUIRED TO SCREEN ALL OF OUR VOLUNTEERS

HOW DID YOU LEARN ABOUT COMPEER? CHECK ALL THAT APPLY:

<input type="checkbox"/> Compeer Volunteer	<input type="checkbox"/> Presentation – Where?
<input type="checkbox"/> TV – Which Station?	<input type="checkbox"/> Radio – Which Station?
<input type="checkbox"/> Religious Community – Which?	<input type="checkbox"/> Club / Civic Organization – Which?
<input type="checkbox"/> Newspaper / Magazine – Which?	<input type="checkbox"/> Poster / Flyer / Bookmark – Where?
<input type="checkbox"/> Employer	<input type="checkbox"/> School – Which?
Other	

I AM INTERESTED IN THE FOLLOWING COMPEER PROGRAMS (CHECK ALL THAT APPLY)

- _____ **1:1 Individual Adult Match (1 year+)**
- _____ **1:1 Individual Youth Match (1 year+)**
- _____ **Compeer Calling / E-buddies:** Supportive phone / E-mail contact to adult Waiting List clients
- _____ **Other: (name your individual programs)**

1. _____ 2. _____ 3. _____

REFERENCES

We require two professional references and two personal references that can comment on your ability to serve as a volunteer. Depending on your length of employment, one or more supervisors will be contacted for a character reference. **The reference cannot be a relative or reside in the same household and must have known you for at least one year.**

Please list your last 2 employers beginning with your **current** employer. (If **retired**, please list last employer.)
(For full-time students please provide 2 references from your school experience and please list 2 personal references.)

Employer:		From:	To:	
Supervisor:		Address:		
Area Code & Daytime Phone: ()	E-mail Address:	City:	State:	Zip Code:
Employer:		From:	To:	
Supervisor:		Address:		
Area Code & Daytime Phone:	E-mail Address:	City:	State:	Zip Code:

PERSONAL REFERENCES

Personal Reference Name:		E-Mail Address:		
Current Address:		City:	State:	Zip Code
Area Code & Daytime Phone:	Length of Association:	Nature of Relationship:		
Personal Reference Name:		E-Mail Address:		
Current Address:		City:	State:	Zip Code
Area Code & Daytime Phone:	Length of Association:	Nature of Relationship:		

I understand by signing this application, I give permission to Compeer ___location) ___ to contact references.

Volunteer's Signature _____ **Date:** _____

Volunteer Coordinator's Signature _____ **Date:** _____

Thank you for taking the time to complete this form

PLEASE RETURN TO:
 Steuben Compeer
 115 Liberty Street
 Bath, NY 14810
 Phone: 607-664-2045
 Fax: 607-664-2189
 compeer@co.steuben.ny.us

BACKGROUND AND DRIVER'S LICENSE CHECK CONSENT FORM



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. #: _____

*Please provide a copy of your driver's license.

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

If yes, please explain: _____

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

*Please provide a copy of the front page of your insurance policy.

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: _____

Have you ever been charged as a sex offender &/or child abuser? Yes _____ No _____

If yes, please specify: _____

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)

COMPEER

STEBEN COUNTY COMMUNITY SERVICES
115 Liberty St, Bath NY 14810 Phone 607-664-2045

To: Steuben County Sheriff's Department
From: Tracie Barner, Director 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 to 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 _____