



What Is The Compeer Program?

The Mental Health Association in Cleveland County's (MHA) Compeer program matches community volunteers with adults in mental health recovery programs. The volunteers provide one-to-one supportive friendship and mentoring relationships to offset the loneliness and social isolation that often accompanies mental illness. Compeer is guided by a simple premise validated by research—that the support of friends is healing. MHA's Compeer volunteers coordinate regular social activities to enjoy with their friend. The power of friendship is demonstrated as individuals matched with a Compeer volunteer often experience fewer hospitalizations, have increased self-esteem, and are more likely to adhere to their medication and treatment programs.

How Can I Become a Compeer Volunteer?

Compeer volunteers are individuals, age eighteen and over, from all walks of life. They are people who enjoy companionship and helping others. Compeer will only make same sex matches and does not match on a first come first serve basis. Instead, it is our goal to make compatible matches so that Compeer volunteers and friends will be likely to enjoy their time together. To apply:

- 1) Complete this application and mail to PO Box 623 Shelby, NC 28151 or fax to 704-448-2016.
- 2) Meet the Compeer coordinator for an interview.
- 3) Pass a criminal background & reference check.
- 4) Complete a two-hour orientation/training.
- 5) Assist the Compeer coordinator with selecting your match.
- 6) Meet and/or call your new friend and begin having fun while making a difference in your community.
- 7) Complete monthly updates and an annual survey to help MHA monitor the success of the program.

What Do Volunteers And Friends Do Together?

One-to-One Friendship

Volunteers and friends agree to meet weekly for an hour, or every other week for two hours. The relationship is expected to last at least one year. This gives both individuals an opportunity to learn from each other and share new experiences. The choice of activities varies and depends upon mutual agreement. Both friends are expected to pay for their own expenses. Examples of activities include: going for a walk, having a picnic, playing cards, gardening, or going to a movie together. From time to time Compeer also sponsors socials for matches to attend.

Compeer Calling

For those who are not able to commit to a one-to-one friendship, you may be interested in Compeer Calling. Compeer Callers make weekly phone calls to individuals who are waiting to be matched in a one-to-one Compeer friendship.

COMPEER VOLUNTEER APPLICATION

Please Return To:
Mental Health Association in Cleveland County
PO Box 623 Shelby, NC 28151
Telephone: 704.481.8637 Fax: 704.448.2016

Volunteers must be at least 18 years old. MHA's Compeer Program provides friends for clients referred by mental health professionals in Cleveland County. MHA and Compeer, Inc. do not discriminate based on race, creed, color, religion, gender, national origin, marital, or veteran status. MHA and Compeer, Inc. are aware of the sensitive nature of the questions on this application form and throughout the interview process. It has been the agency's experience that having as much information as possible about each individual increases the ability to match people successfully. **All information is kept confidential.**

1. Name: _____ Social Security #: _____ Veteran Y/N
2. Address: _____ City: _____ State: ____ Zip: _____
3. Marital Status: _____ if children, sex & age: _____
4. Home Phone: _____ Work Phone: _____ Mobile: _____
5. Email Address: _____
6. Date of Birth: _____ Gender: _____ Race/Cultural Identity: _____
7. Employer: _____ Occupation/Title: _____
8. Education: _____
9. Previous volunteer experience: _____
10. Do you have access to transportation? If so, what type? _____
11. Do you have any current medical/psychological conditions or physical limitations which would affect your volunteering with Compeer? Please describe: _____

**If you have ongoing mental health concerns, please complete the attached Release of Information and have your current mental health provider complete the attached "Provider Survey".*

12. How did you learn about Compeer? _____
13. How often can you volunteer? (Circle) Once/two weeks Once/week More than once a week
14. I am interested in the following Compeer Programs (Check all that apply)
_____ One-to-One _____ Calling
15. **Emergency Contact Information**
Name: _____ Relationship: _____
Address: _____ City: _____ State: ____ Zip Code: _____
Phone (Day): _____ Phone (Evening): _____

REFERENCES

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

In addition to employers, please list two 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 and must have known you for at least one year.**

Employer: _____ From: _____ To: _____
Supervisor: _____ Address: _____
Daytime Phone: () _____ City: _____ State: _____ Zip Code: _____
Email: _____

Employer: _____ From: _____ To: _____
Supervisor: _____ Address: _____
Daytime Phone: () _____ City: _____ State: _____ Zip Code: _____
Email: _____

PERSONAL REFERENCES

Personal Reference: _____ Daytime Phone: () _____
Current Address: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____
Length of Association: _____ Nature of Relationship: _____

Personal Reference: _____ Daytime Phone: () _____
Current Address: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____
Length of Association: _____ Nature of Relationship: _____

BACKGROUND INFORMATION

All volunteer applicants are screened carefully. Cooperation in completing this form is greatly appreciated. A "yes" to any question does not necessarily disqualify an applicant from becoming a Compeer volunteer. **Any and all information is kept confidential.**

Name: _____

Do you have a current driver's license? (Please circle) Yes No

If yes, State and License #

Has your license ever been suspended? (Please circle) Yes No State of _____

Explain

Do you have auto insurance? (Please circle) Yes No Agency _____

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

Describe nature of the crime, date of charge, and disposition:

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

Describe nature of charge

I certify that the above information is accurate and I give the Compeer program my permission to verify this information with the appropriate agencies.

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

Witness's Signature: _____ **Date:** _____

NOTE: Please remember to bring your driver's license and proof of auto insurance to your interview appointment.

COMPEER VOLUNTEER/CONFIDENTIALITY AGREEMENT

Please initial each statement below and sign on the line provided:

_____ I understand and fully acknowledge that in volunteering for Compeer, I am entering an **AT WILL** relationship and that Compeer or I can terminate this relationship anytime.

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

_____ It is my understanding that all information I provide to Compeer is true and complete to the best of my knowledge, and will be kept in confidence by the Mental Health Association in Cleveland County. I understand that giving false information may be cause for immediate dismissal.

_____ It is also my understanding that I must provide information to Compeer regarding any medical problems and/or medications I am currently taking.

_____ I further understand that I will be asked to undergo training.

_____ 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 Mental Health Association in Cleveland County. I further understand that submission of a complete application, along with an interview by a Compeer staff person, does not obligate me to accept nor Compeer to assign a volunteer opportunity.

_____ I will maintain complete confidentiality concerning all information on Compeer friends.

_____ I defend, indemnify, and hold harmless the Mental Health Association in Cleveland County from all liability, personal injury, loss or damage whatsoever from any cause which may arise from activities on behalf of the Mental Health Association of Cleveland County.

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

Witness's Signature: _____ **Date:** _____



Mental Health Association in Cleveland County

Participation Waiver

In consideration for participating in any Compeer Event, I assume responsibility for all my actions while at the Mental Health Association in Cleveland County, traveling to and/or from any such facility, or engaged in any activity under the supervision of the Mental Health Association in Cleveland County and/or Compeer program staff and volunteers. Furthermore, I will not hold the Mental Health Association in Cleveland County, the Compeer program, the Board of Directors and their officers, employees, agents, or volunteers responsible for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

Signature of Participant

Printed name

Date



Provider Survey

Compeer is a program of the Mental Health Association in Cleveland County that matches community volunteers with adults in mental health recovery programs. The volunteers provide one-to-one supportive friendship and mentoring to offset the loneliness and social isolation that often accompanies mental illness.

Volunteer applicants who have ongoing mental health concerns themselves are required to have their current mental health provider complete the attached survey. The purpose of this survey is to ensure that the applicant is far enough along in his/her mental health recovery to provide stable and supportive mentorship to an adult who is living with a severe and persistent mental illness.

For more information about Compeer visit: www.clevelandcountymha.org/Compeer

Please fax this survey, along with the applicant's release of information, to the Mental Health Association in Cleveland County at 704-448-2016.

1. Name of the applicant: _____

2. Your Name: _____ Name of Agency: _____

3. How long has the applicant received treatment from your agency?

4. In your professional opinion, is the applicant at a place in his/her own mental health recovery to provide stable and supportive mentorship to an adult with a severe and persistent mental illness? Please indicate any concerns you have.

5. Please indicate the overall strength of your recommendation for this applicant to become a Compeer volunteer by placing an 'X' next to one of the following:

___ Not recommended ___ Recommended with reservation ___ Recommended

6. Please include any other relevant information.

If you would like to talk with the Compeer coordinator directly you may reach Stacey Costner at 980-429-4037.

Signature: _____

Date: _____

Printed Name: _____



General Authorization for Release of Information

I (please print) _____, authorize
(name of mental health provider): _____

To share and exchange information with Mental Health Association in Cleveland County
for the purpose of volunteering with the Compeer program.

This consent will expire one (1) year from the date hereof unless otherwise stipulated.

I may revoke this authorization in writing at any time, except for information, which has already been released in accordance with this authorization prior to my revocation. I confirm that the Compeer Coordinator has explained the purpose of this form to me and I understand its content. My signature below indicates my consent.

Signed

Date

Signature of Parent, Relative, or Legal Guardian, where applicable

Date