

502 Court Street, Suite 401
Utica, NY 13502
Phone: 315.733.1709



Center for Family Life and Recovery, Inc.
Compeer Program Volunteer Application

Fax: 315.733.1789
Email: blyons@cfllrinc.org
www.whenthereshelpthereshope.com

Name _____ Home Phone _____
Work Phone _____ E-mail _____ FAX _____
Address _____
Date of Birth _____ Gender : __ male __ female
How did you learn about Compeer? __ radio __ TV __ newspaper __ brochure __ speaker __ other volunteer
__ Friendship Campaign __ web site __ other (please specify) _____

Have you ever volunteered with Compeer before? __ yes __ no
If yes, give dates and program location: _____

What prompted your interest in volunteering for Compeer?

If applicable, please list all volunteer experience including work at churches, schools, boards, etc. Previous volunteer experience is NOT required for Compeer volunteer service.

Agency _____	Duties _____	Dates _____
Agency _____	Duties _____	Dates _____
Agency _____	Duties _____	Dates _____
Agency _____	Duties _____	Dates _____

Education: __ Grade School __ High School __ College __ Graduate School __ Trade School __ Military

Are you currently a student? __ yes __ no Name of school _____

Please list hobbies/activities/interests. Be as detailed as possible _____

Employment Status: Please list your last three employers starting with the most recent.

Employer	Supervisor	Phone	Dates employed
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been convicted of any violation of the law except for minor traffic tickets? If yes, please give details and dates: _____

Do you have a valid Driver's license/use of a car? yes no

Do you object to a client who smokes? yes no

Do you have any preferences regarding your friend's religious affiliation, location or age etc.? If so please explain:

Can you make a commitment to one year of service with Compeer? yes no If No, please explain:

Which of the following volunteer opportunities most interests you? CompeerCorps Vet2Vet Pen Pals
 Youth mentoring Adult friendship Compeer calling Lunch Buddies Compeer Coffee Club

Please list two professional references (you may use clergy/teachers) and one personal reference:

NAME	ADDRESS	AGENCY/ COMPANY	PHONE	RELATIONSHIP

I certify that answers given herein are true and complete. I authorize CFLR, Inc. Compeer staff to contact employment/ personal references as indicated in this application.

I understand that as a volunteer, I will help my friend to the best of my ability in accordance with the policies of Compeer. I will maintain complete confidentiality concerning information on Compeer clients. **I further understand that submission of a completed application along with an interview & training does not obligate me to accept, or Compeer to assign a volunteer opportunity.**

Signature of Applicant _____ Date _____

National Background Investigations, Inc.

P O Box 966, Stevensville, MD 21666

Telephone: 410-604-6200 / FAX: 410-604-2496

APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize **Center for Family Life and Recovery, Inc.** or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release any discharge my prospective employer or other source providing information from all claims and damages arising out of or releasing to any investigation of my background for said purposes. PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY – ADDITIONAL YEARS SEARCHED BY CLIENT’S REQUEST.

Name _____ Alias / Other _____
(First, Middle, Last – Print Clearly)

Date of Birth _____ Social Security _____

Driver’s License _____ State _____

Current Addr _____ City/State/Zip _____

County _____ Dates / From _____

Prev. Addr 1 _____ City/State/Zip _____

County _____ Dates / From _____

Prev. Addr 2 _____ City/State/Zip _____

County _____ Dates / From _____

Applicant’s Signature _____ Witness _____

Date _____ Date _____

IMPORTANT: FOR CLIENT USE ONLY – Mark an “X” for any of the following:

Would you like NBI to also check Alias / Other name given? Yes No
(Be advised there is an additional charge per alias name)

Criminal History Record Search: Current Address Previous Address (1) Previous Address (2)

FRS PAST / SSN: Federal Criminal “U.S. Search” Credit Profile

MVR – Driving Record (Specify State) _____

Sex Offender Registry: List Series _____

Statewide Criminal Search: _____

Verification (Specify Number of Items) Education Prof. License Employment Federal Civil

Civil Judgment: Upper Court Lower Court Workers Comp Federal Tax Lien Search
 State Tax Lien Search Bankruptcy Search