

502 Court Street, Suite 235
Utica, NY 13502
Phone: (315) 735-1066



Fax: (315) 735-3390
E-mail: friends@compeermv.org
<http://www.compeermv.org>

Name _____ e-mail _____

Home Phone _____ Work/Cell Phone _____ Is it OK to contact you at your w/c phone? _____

Address _____

D.O.B. ___/___/___ Gender ___ male ___ female Race (optional) _____

Marital Status: ___ never married ___ married ___ separated ___ divorced ___ widowed

How did you learn about Compeer? ___ radio ___ TV ___ newspaper ___ brochure ___ speaker ___ web site
___ other volunteer ___ other (please specify) _____

Have you ever volunteered for Compeer before? ___ yes ___ no

If yes, please 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 _____

If more room is needed, please attach an extra sheet of paper to continue the list.

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

Are you currently a student? ___ yes ___ no If yes, please give name of school: _____

Please list hobbies/activities/interests (please be as detailed as possible): _____
