



The Compeer Program provides the opportunity for friendship to persons receiving mental health treatment in Allegheny County. All referrals have been made at the request of the mental health consumer who is both capable and willing to become friends with a supportive volunteer.

Information on this application will be kept confidential and be used only for the purpose of the Compeer Program.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

(Daytime)

(Evening)

Best time to call?

How did you hear about Compeer?

What prompted your interest in Compeer?

Please list any hobbies, special interests or activities you would like to share with your friend?

Volunteer times are flexible. When will it be most convenient for you to get together with your friend?

Please offer additional comments or ideas which would assist the program in finding a compatible "match" for you.

Character references: Please provide the names, addresses and phone numbers of two references who can comment on your ability to serve as a volunteer. The references cannot be relatives and they must have known you for at least one year.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____

Date: _____

Please send completed application to:

The Compeer Program
733 South Avenue
Pittsburgh, PA 15221
(412) 243-3464
gk@plea-agency.org