A program of www.starbridgeinc.org/ties-program 

**Peer Volunteer Application**

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| --- | --- |
| Your name | Date |
| Preferred pronouns (optional) | Birthdate |
| Home address | |
| School | Grade |
| Email address | Phone number  Is this a cell phone? |
| Current/previous volunteer activities | |
| Personal interests/hobbies | |
| Personal attributes that would contribute to your ability to provide support to an individual with a developmental disability | |
| Are there certain extracurricular/community activities for which you particularly enjoy providing support? | |
| What are you hoping to learn from this volunteer experience? | |
| Please share with us any information about yourself or your experiences that may be helpful | |

|  |  |
| --- | --- |
| **Personal References**  Please provide two unrelated references for us to contact | |
| Name | Name |
| Phone # | Phone # |
| Email | Email |
| **THIS SECTION TO BE COMPLETED BY TIES PROGRAM COORDINATOR** | |
| Relationship with the volunteer: | Relationship with the volunteer: |
| How long have you known the volunteer? | How long have you known the volunteer? |
| List characteristics of the volunteer (responsible, reliable, etc.) | List characteristics of the volunteer (responsible, reliable, etc.) |
| Do you have any knowledge of the volunteer’s experience working with children? Please explain. | Do you have any knowledge of the volunteer’s experience working with children? Please explain. |

Return to: Doreen Blankenbush, 649 Erie Station Road, West Henrietta, NY 14586

Questions: [dblankenbush@rhnet.org](mailto:dblankenbush@rhnet.org) 585-359-7935 or ssalamone@starbridgeinc.org or (585) 645-3929

1650 South Avenue, Suite 200 • Rochester, New York 14620

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