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

**Peer Volunteer Application**

|  |  |
| --- | --- |
| 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 585-359-7935 or ssalamone@starbridgeinc.org or (585) 645-3929

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

585-546-1700 phone • 800-650-4967 toll free • 585-224-7100 fax • www.starbridgeinc.org A proud member of Al Sigl Community of Agencies