

APPLICATION TO VOLUNTEER TO PROVIDE PEER SUPPORT SERVICES

OUTSIDE OF MILC OR RECOVERY CENTERS

Personal Information (please print)			
Name:		Today's Date:	
Date of Birth:		Gender: M F	
Address:			
City:		State:	Zip:
Email:			
Phone:		Alternate Phone:	
Emergency Contact:			Relationship:
Emergency Contact Phone(s):			
Over 18? Circle one: YES NO		Parent/Guardian Name:	

Peer Support Opportunities/Interests (Check all that apply and add additional skills/interests below)	
<p><u>Consumer/Mentor:</u> Describe your disability experience:</p>	<p><u>Programs:</u> <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Wellness <input type="checkbox"/> Adaptive Sports <input type="checkbox"/> Equipment maintenance</p>

ACTIVITIES: Provide mentoring and support; this may be done in-person, by texting, skypeing, emailing or an alternative form of communication chosen by the Peer and Peer Support Provider.

PEER SUPPORT PROVIDER EXPECTATIONS:

- Attendance: please be on time. If you are unable to attend a scheduled time you are volunteering, call the Volunteer Coordinator by 7:30 that morning at 715-344-4210 x228.
- Confidentiality: read and sign the Confidentiality Agreement and maintain consumers' confidentiality.
- Ethics: following the Code of Ethics provided in your Volunteer Training

Availability (please list the days and times you are available):	
Days of the Week:	
Time of Day:	Hours per Day:

Location/Comments:

Circle One: ABW RCC ROCC Point

Mentor/Peer Support Volunteer or Guardian Signature

Date

Volunteer Coordinator Signature

Date