



**Polk County Department of Community Family & Youth Services
PEER Advocate Program**

**Volunteer Application
PEER Advocate Position**

Application Date: _____

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Do you have your own transportation? _____

Are the cars you drive insured? _____

*A copy of your current driver's license and auto insurance coverage will be needed.
Only mileage on insured vehicles is authorized for reimbursement.*

If you do not drive, do you feel comfortable taking the bus? _____

Do you visit a meal site regularly? _____

If yes, which one? _____

Occupation before retirement? _____

In case of emergency, please contact: _____ Phone: _____

My personal physician is _____ Phone: _____

Hospital preference _____

Have you ever been a volunteer before? ____Yes ____No

If yes, please explain: _____

How did you hear about the PEER Advocate Program? _____

What type of assignments would you be interested in?

Meal Delivery: ____ Provide Form Assistance: ____ Advocating: ____

Information and Referral: ____ SHIIP volunteer: ____ Other: ____

Time Availability/Preference of your volunteer services:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Please list two references:

| <u>Name</u> | <u>Address</u> | <u>Telephone & E-mail</u> | <u>Relationship</u> |
|-------------|----------------|-----------------------------------|---------------------|
| | | | |
| | | | |

By signing below I certify that the answers and information set out above are accurate and complete, to the best of knowledge.

Signature: _____ Date: _____

Return Completed Form To: PEER Advocate Program
1914 Carpenter Ave
Des Moines, IA 50314