



**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 &amp; 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  
2309 Euclid Ave  
Des Moines, IA 50310