

Compeer Greater Buffalo

Vet2VET

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Veteran Application Form

The Compeer Vet2Vet program aims to match veterans in a community-based, one to one supportive friendship with another veteran. Please fill out the questionnaire to help Compeer create an appropriate veteran match.

1.) Name of Veteran _____ Gender: ___ Date: _____

2.) Address: _____ City: _____ Zip _____

3.) Email _____

4.) Home Phone _____ Cell Phone _____

5.) Branch of service _____ Date of Discharge _____

6.) What has prompted your interest to participate in Compeer's Vet2Vet Program?

I understand that, while participating in the Compeer Vet2Vet program, I will help my fellow veteran to the best of my ability in accordance with policies of the agency and will maintain complete confidentiality concerning all information on Compeer consumers. I further understand that submission of a completed application, along with an interview by a Compeer staff person, does not obligate me to accept or Compeer to assign, a veteran mentor opportunity.

Signature: _____