



VET2VET

135 Delaware Ave., Suite 210 Buffalo, NY 14202
 (716) 883-3331 Fax (716) 883-3395
www.compeerbuffalo.org

Compeer Office Use Only

Date Received: _____ by _____
 Date Logged: _____ by _____
 Date Authorized: _____ by _____

| | | |
|--------------------------------------|-------------|---------|
| Veterans Personal Information | | |
| Veteran Name: | | |
| Current Address: | | |
| City: | State: | |
| Zip: | | |
| D.O.B: Month | Day | Year 19 |
| Email: | @ | |
| Cell Phone: | Home Phone: | |

| | | |
|--------------------------|-----------|------------------------|
| Military Service: | | |
| Branch of Service: | | |
| DD214: | Yes or No | |
| Combat Veteran? | Yes or No | |
| | WWII | Korea Gulf OND OIF OEF |
| Medical Chapter? | Yes or No | |

| |
|---|
| Employment History |
| Current Employment Name: |
| How long at your Current Job? |
| If No current employment how long has it been since your last date of employment? |

| |
|----------------------------------|
| Current Living situation: |
| Marital status: |
| Children? How many? |
| Do your children live with you? |
| Do you live alone? |
| Your current living situation: |



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| |
|---------------------------|
| Hobbies/Special Interest: |
| List Hobbies: |
| List Interest: |

| |
|--|
| Transportation: |
| Have access to regular transportation? |

| |
|--|
| Emergency Contact: |
| Name: |
| Relationship: |
| Phone number: Cell Phone |
| City State Zip |

Working with your Mentor is there any personal goals, that you like to reach? _____

Please take a second and share with us a little about yourself: Feel free to tell us your likes and dislikes!

Signature: _____
Date: _____



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| | |
|---|---|
| Axis I: | Axis IV: |
| Axis II: | Axis V: |
| Axis III: | Severity of disability: Seriously and Persistently Mentally Ill (adult) ___ (Y) ___ (N) |
| Does the applicant have any other medical conditions? | |
| Does the applicant have any physical restrictions? | |

Over the past two years, what has been the applicant's level of: (Please rate none, low, medium, or high)

| | |
|---|----------------------|
| Suicide risk: | Aggressive behavior: |
| Threatening behavior: | Other: |
| Has there been violence <i>against</i> the applicant? | |
| Has the applicant ever been convicted of a felony? If so, please describe it. | |
| Does the applicant have a history of illicit drug use? If so, please describe it. | |
| Is there anything else Compeer or the volunteer should be aware of? | |



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Volunteer Information

| | |
|--|---|
| Is it important for the volunteer to be of a specific age, gender, religion, ethnic background, or have any other specific qualities? | |
| Applicant availability: <input type="checkbox"/> Daytime (from _____ to _____) <input type="checkbox"/> Evening (from _____ to _____) <input type="checkbox"/> Weekends (from _____ to _____) | Special needs or any other information that will help Compeer find a match: |
| Describe applicant's strengths and positive attributes: | |

Referring Professional

| | |
|---|-------------------|
| Name: | Title: |
| Agency: | Address: |
| Phone: | City, state, zip: |
| Relationship to applicant: | E-mail: |
| Type of treatment (individual, group, family, etc.) | |
| Frequency of contact with applicant: | |

Primary Mental Health Professional

| | |
|---|-------------------|
| Name: | Title: |
| Agency: | Address: |
| Phone: | City, state, zip: |
| Relationship to applicant: | E-mail: |
| Type of treatment (individual, group, family, etc.) | |
| Frequency of contact with applicant: | |