



www.starbridgeinc.org/ties-program

A program of



Peer Volunteer Application

Your name:	Date:
Preferred pronouns (optional):	Birthdate:
Home address:	
School:	Grade:
Email address:	Phone number Is this a cell phone?
Current/previous volunteer activities	
Personal interests/hobbies	
Personal attributes that would contribute to your ability to provide support to an individual with a developmental disability	
Are there certain extracurricular/community activities for which you particularly enjoy providing support?	
What are you hoping to learn from this volunteer experience?	
Please share with us any information about yourself or your experiences that may be helpful	

Personal References Please provide two unrelated references for us to contact	
Name	Name
Phone #	Phone #
Email	Email
THIS SECTION TO BE COMPLETED BY TIES PROGRAM COORDINATOR	
Relationship with the volunteer:	Relationship with the volunteer:
How long have you known the volunteer?	How long have you known the volunteer?
List characteristics of the volunteer (responsible, reliable, etc.)	List characteristics of the volunteer (responsible, reliable, etc.)
Do you have any knowledge of the volunteer's experience working with children? Please explain.	Do you have any knowledge of the volunteer's experience working with children? Please explain.

Return form to:

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 716-866-6106
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 Clarence, NY 14031