



www.starbridgeinc.org/ties-program

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?	
riow long have you known the volunteer:	Thow long have you known the volunteer:	
List characteristics of the volunteer (responsible,	List characteristics of the volunteer (responsible,	
reliable, etc.)	reliable, etc.)	
Do you have any knowledge of the volunteer's	Do you have any knowledge of the volunteer's	
experience working with children? Please explain.	experience working with children? Please explain.	

Return form to: