**Significance of the Study**

This study makes a useful contribution to both the basic and applied research on peer support for parents of children with disabilities. The absence of established methodology for the measurement of “readiness to volunteer as a peer support provider” and more specifically, “readiness to volunteer as a peer support provider in P2P USA,” represents a gap in the current literature. This study advances the basic research by exploring whether this psychosocial construct is quantifiable, which has implications for researchers exploring similar constructs for different volunteer organizations. Also, a reliable measure of “readiness to volunteer as a peer support provider in P2P USA” would allow for new statistical analysis in peer support for parents of children with disabilities, perhaps as a first step to building a stronger evidence base for additional funding of Parent to Parent and similar peer support organization in the future.

This study also informs stakeholders in the Parent to Parent USA organization regarding the attributes that likely comprise “readiness,” which can inform coordinators and directors in the recruitment, selection and retention of higher quality volunteers. Because many other social support agencies, who also rely heavily on a volunteer work force, are struggling to provide services with shrinking budgets, they may also benefit from the research because an enhanced understanding of volunteer readiness in one area may provide useful insight to other organizations who are tasked with providing peer support services.

Lastly, broadly speaking, this study may hold significance for local and national funding agencies and US healthcare policy makers. As healthcare costs increase at an astounding rate, the budgets for services designed to support people with disabilities and their families have been slashed, leaving individuals overwhelmed and underserved. Gaining support locally and nationally for high quality peer support provided by a trained volunteer workforce may be a useful and inexpensive stopgap in the wake of the fiscal downturn and further may have a positive effect on individual and family health outcomes.