

## **VOLUNTEER GRIEF FACILITATOR APPLICATION**

Today's Date: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **HOME INFORMATION**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Best Way to Reach You:  Home Phone  Cell Phone

Email (home): \_\_\_\_\_

### **REQUIRED PRE-SERVICE TRAINING**

If selected, are you able to commit to the volunteer training scheduled for:

- **8/26/17 from 9-5 PM and 8/27/17 from 11-5 PM**
- **9/30/17 from 9-5 PM and 10/1/17 from 11-5 PM**

Y  / N

**\*\*\* Please note-All 4 full days are required in order to facilitate groups. There is no make-up opportunity available. If you are unable to attend all four days for the entire time listed above, unfortunately you will not be able to volunteer for the 2017-18 program year. Please feel free to contact us in the future!**

### **EDUCATION**

Do you have a GED or High School Diploma? Y  / N

Highest Degree Earned: \_\_\_\_\_ Degree type: \_\_\_\_\_

Major / Area of Study / or Certificate: \_\_\_\_\_

How did you learn about Peter's Place? How did you learn about volunteering with Peter's Place?

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### Our Mission

Peter's Place provides a safe and supportive environments for grieving children and families. It serves as a community resource- fostering the understanding of the effects of death and grief.

What are your primary reasons for wishing to volunteer as a grief facilitator?

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What do you hope to accomplish through volunteering at Peter's Place?

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What personal and/or professional experience will you bring to working with groups of children and/or adults at Peter's Place?

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Please describe any experience you have with bereavement – either professional or personal, or both.

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**LOSS HISTORY**

Have you experience the death of a significant person in your life? Y  / N

Relationship: \_\_\_\_\_ Date of death: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of death: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you willing to attend and complete pre-service training and Y  / N

Are you willing to attend 2 additional required Facilitator meetings during the program year? Y  / N

Are you willing to commit to volunteering your time for at least one full program year? Y  / N

Are you volunteering for credit or to meet a school requirement? Y  / N

Are you volunteering to meet a court referral obligation of community service? Y  / N

Are you able to commit for the full program year September-last May/early June? Y  / N

Consistency is very important as we strive to provide a secure predictable environment for those participating in our support groups.

Do you anticipate any difficulties following through with scheduled group sessions throughout the year? Please comment.

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Is there any other information you wish to share concerning your desire to volunteer?

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\*\*\*Peter's Place requires all volunteers to obtain background child abuse and criminal history clearances. If you are invited to training we will give you information about how to obtain these clearances. If you have any concerns regarding clearances, please contact the On-site Program Director ASAP.\*\*\*

**Summary of the requirements of Volunteer Grief Facilitators:**

1. Application (reviewed in May/June)
2. Interview (typically held in June and July)
3. If you are invited to attend training, you will be given information to obtain:
  - a. Required Clearances
  - b. References
4. 28 hour training over the course of 2 weekends (August 26&27th and September 30<sup>st</sup>& October 1st) and 2 facilitator meetings during the year.
5. \$100 training fee (this can be paid when you come for your first training weekend)
6. One year commitment facilitating groups post-training (September 2017-June 2018)

**THANK YOU! We appreciate your interest and your desire to help provide a safe a supportive environment for children and families at Peter's Place.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_