



PETER'S PLACE

Volunteer Grief Facilitator Application

Today's Date: _____

APPLICANT INFORMATION

Name: Last _____ First _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone (_____) _____ - _____

Best Way to Reach You: Home Phone / Cell Phone

Email (home): _____

Emergency Contact Name: _____ Relationship: _____

Emergency Phone: (_____) _____ - _____

REQUIRED PRE-SERVICE TRAINING

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

- 8/24/24 from 9-5 PM and 8/25/24 from 11-5 PM **IN-PERSON**
- 9/21/24 from 9-12 PM **VIRTUAL**

Y / N

***** Please note- All 3 full days are required in order to facilitate groups. There is no make-up opportunity available. If you are unable to attend all 3 days for the entire time listed above, unfortunately you will not be able to volunteer for the 2024-2025 program year. Please feel free to contact Joseph Kelly, Director of Programs (joseph@petersplaceonline.org), if you are interested in volunteering for future program years. *****

EDUCATION

Highest Degree Earned: _____ Degree type: _____

Major / Area of Study / or Certificate: _____

A CENTER FOR GRIEVING CHILDREN & FAMILIES

336 King of Prussia Road, Radnor, PA 19087 • 610.687.5150 • PetersPlaceOnline.org



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The Mission of Peter's Place is to provide safe and supportive environments for grieving children and families, and to foster understanding of the effects of death and grief.

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

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

What personal and/or professional experience do you have working with groups of children and/or adults that will be useful in volunteering at Peter's Place?



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

LOSS HISTORY

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

Relationship: _____ Date of death: _____

Relationship: _____ Date of death: _____

ADDITIONAL INFORMATION

Are you able to commit to attending at least one additional required Facilitator training during the 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 to 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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What do you think your response would be if you were a facilitator in a group and you thought or felt grief was not expressed or exhibited? What sort of specific feelings would you have?

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

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 Joseph Kelly, Director of Programs, ASAP

Summary of the requirements of Volunteer Grief Facilitators:

1. Application and Resume (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: <http://www.keepkidssafe.pa.gov/resources/clearances/index.htm>
 - b. Mandated Reporter Training: <https://www.reportabusepa.pitt.edu/>
 - c. References
4. 3-day training over the course of 2 weekends (August 24th & 25th and September 21st) and one additional facilitator training day during the year.
5. One year commitment facilitating groups post-training (Mid-September 2024 - early June 2025)

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

Signature: _____ Date: _____

Please email joseph@petersplaceonline.org or send your application to Peter's Place, 336 King of Prussia Road, Radnor, PA 19087- Attention: Joseph Kelly. Please also submit a copy of your resume with your application.

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