



The Center for Grieving Children Volunteer Application

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY ZIP

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Birthday: ____/____/____

Have you ever been convicted of a criminal offense? _____ If yes, please explain _____

Why do you want to volunteer? (Please circle one)

Personal Interest School Group/Organization Court Mandated

School mandated volunteer service _____

(Name of School)

How many hours do you need to complete: _____ By When? ____/____/____

Contact Person: _____

Court mandated this community service _____

(Court Branch)

Contact Person: _____

How many hours do you need to complete: _____ By When? ____/____/____

What were you convicted of? _____

How did you hear about us?

___ Referred by a friend/volunteer ___ Referred by agency/client
___ Advertisement ___ School
___ Social Services ___ Court ___ Other: _____

SKILLS & INTERESTS:

Current Occupation: _____

Employer: _____

Previous Volunteer Experience: _____

Is co-facilitating a group of children, teens, or adults at The Center your reason for volunteering? Yes / No

If Yes, are you able to make a one-year commitment? Yes / No

Have you experienced a major loss or grief in your life? _____

Volunteer roles other than direct facilitation that I would consider are:

_____ Office, facilities, development support (see below)

_____ Board member

_____ Professional resource person - Area of expertise: _____

Skills/Expertise that I can contribute: *(Please check all that apply)*

___ Special Events

___ Computer Skills

___ Graphic Design

___ Bulk Mailings

___ Phone Support

___ Administrative/ Clerical

___ Facilities (Maintenance)

___ Facilities (Cleaning)

___ Librarian

___ Gardening

___ Personal Shopper (Snacks for kids,

errands) *Reliable Transportation Needed*

___ Grant Writing

___ Other (please specify): _____

AVAILABILITY:

What Date are you available to start? _____

Length of Intended Commitment (please circle one):

On-going *(long term 6mo or more)*

Short Term *(up to 6 months)*

One Time

What times are you interested in volunteering?

___ Open ___ Call as needed ___ Other: _____

Specific Availability: (For each day write times generally available.)

Example: (9-11:30 AM)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

_____-____

_____-____

_____-____

_____-____

_____-____

_____-____

_____-____

REFERENCES:

Please list the names and phone numbers of two personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

I have read the information in this Application and find it to be fair and accurate.

NAME

DATE

For Office Use Only:

Attended Orientation _____

Signed Up for Training _____

F/U Made _____



BACKGROUND CHECK AUTHORIZATION

Any time during my volunteering at The Center for Grieving Children, I hereby authorize Volunteer Select Services, inc.; on behalf of The Center for Grieving Children to procure a consumer report which I understand may include information regarding my personal history. This report may be compiled with information from court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal referenced, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation included information bearing on my character, general reputation, or personal characteristics. The Center for Grieving Children will retain this information as confidential.

Volunteer Name

Date

Volunteer Signature

Background Check Information

Name *(Please print your full name including middle name)*

Maiden Name/Other Names *(Please print full name)*

Address _____

Physical location _____

Phone Numbers

Date of Birth

Social Security Number

Recent States Lived in: _____ Length of Residency: _____ Dates: _____

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Confidentiality Notice

Please read the *Confidentially Awareness Statement* below and sign.

*Confidentiality is essential to the mission of The Center for Grieving Children. Our work with the families and volunteers at The Center is strictly confidential. This allows for a trusting relationship to be built and is what makes this a truly safe place for our participants and volunteers. No information about the families or volunteers is to be discussed outside of The Center.

Telephone Protocol: No information (including telephone numbers) is to be given out to anyone. It's very important that everyone's privacy is maintained. If the caller needs to reach staff, a consultant, a volunteer, or a family member at home, please take a message. We will call the requested party and give them the message and number to call.

Signed: _____

Date: _____

Witness: _____

The Center for Grieving Children Volunteer Photo Release Form

I hereby give my consent for The Center for Grieving Children to use my photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality. I hereby agree to indemnify and hold harmless The Center for Grieving Children against claims, damages and incumbent legal fees that may result from publishing these photographs. Nor shall I receive compensation for such photographs.

Signature: _____ Date: _____