



The Center for Grieving Children Volunteer Application

PERSONAL INFORMATION:

NAME: _____ Orientation Date: _____

ADDRESS: _____
STREET CITY ZIP

Cell Phone: _____ 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 was the offense you were charged with? _____

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 _____



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.

Signature: _____ Date: _____

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: _____