



Date: _____

The Center for Grieving Children Volunteer Application

PERSONAL INFORMATION

Legal Name: _____

Preferred/Nickname _____ Preferred Pronouns: _____

Address: _____
STREET CITY ZIP

Cell Phone: _____ Home Phone: _____ Work Phone: _____

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

HOW DID YOU HEAR ABOUT THE CENTER

- | | |
|---|---------------------|
| ___ Referred by a friend/volunteer (who? _____) | ___ Social Services |
| ___ Referred by agency/client (which? _____) | ___ School |
| ___ VolunteerME or VolunteerMatch | ___ Court |
| ___ Advertisement (where? _____) | ___ Other: _____ |
| ___ Former participant (when did you attend? _____) | |

REASON FOR WANTING TO VOLUNTEER

Personal – Why do you want to volunteer with the Center? _____

School mandated volunteer service _____

(Name of School)

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

Contact Person: Name _____ Phone or email _____

Court mandated community service _____

(Court Branch)

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

What was the offense you were charged with? When? What was the disposition? _____

Contact Person: Name _____ Phone or email _____

SKILLS & INTERESTS

Current Occupation: _____

Employer: _____

Previous Relevant Experience: _____

Facilitating - 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? _____

Are you primarily interested in facilitating in the Intercultural Program Yes / No / Not sure

Professional resource person - Area of expertise: _____

Other volunteer opportunities (Please check all that interest you)

- Special Events Team
- Photographer (with hi res camera)
- Mailings Helpers
- Answering Phones
- Office/Administrative/ Clerical
- Sewing projects
- Database/Computer Skills
- Librarian
- Facilities (Repairs/Handy helpers)
- Gardening (watering once a week in summer)
- Facilities (Cleaning/organizing)
- Runners (for fundraising)
- Other skills, training, hobbies or interests (please specify): _____

AVAILABILITY:

➤ How soon are you available to volunteer? _____

➤ Length of intended commitment (please circle one)? Long-term (6mo or more) Short-term (up to 6 months)

➤ What times are you available to volunteer?

Regular schedule Episodic/as needed Other: _____

➤ Ideal number of volunteer hours (per week or month) _____

➤ For each day write times generally available. Example: 9-12 noon, 3-5pm

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
____-____	____-____	____-____	____-____	____-____	____-____	____-____

Prefer projects that can be completed from home. Yes / No

BACKGROUND/REFERENCES:

Have you ever been asked to resign from any volunteer positions? Yes / No **If yes**, please state the organization and circumstances. _____

Have you ever been convicted, pleaded guilty or nolo contendere to a misdemeanor or felony, other than minor traffic infractions? Yes / No **If yes**, please explain including nature and timing _____

Do you have or have you had in the past 15 years, a professional license? Yes / No **If yes**, have you lost or had sanctions placed on that license? Yes / No **If yes**, please explain including nature and timing _____

Please list the names and phone numbers of two personal references to whom you are not related:

Name: _____ Phone: _____
Relationship: _____ Email: _____

Name: _____ Phone: _____
Relationship: _____ Email: _____

I understand that certain volunteer roles at the Center require a background check. I will be asked to provide additional authorization for those checks. All volunteers at the Center are subject to a search of the National Sex Offender Registry. I understand I have the right to be told if the information in my screening has been used to disqualify me from volunteering; I may request a copy of any background checks that are provided by third parties; and I have the right to dispute incomplete or inaccurate information. I have reviewed the information in this Application and find it to be fair and accurate. Committing an unlawful act on or off CGC operated premises or whose conduct discredits the agency in any way will be subject to disciplinary action, up to and including discharge. Any arrest or summons must be reported to Executive Director within five days.

NAME

DATE



Volunteer Confidentiality Statement

Confidentiality is essential to the mission of the Center for Grieving Children. Our work 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, volunteers, donors or perspective donors is to be shared or discussed outside of the Center.

Signature: _____ Date: _____

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: _____