

Db \_\_\_\_\_ NSOPW \_\_\_\_\_

Orientation Date: \_\_\_\_\_



## Volunteer Application

*\*Please note you must attend a volunteer orientation for your application to be processed\**

### **PERSONAL INFORMATION**

Legal Name: \_\_\_\_\_

FIRST

LAST

Preferred/Nickname: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

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

STREET

CITY

ZIP

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **How you heard about The Center**

- Referred by a friend/volunteer (who? \_\_\_\_\_)
- Referred by agency/client (which? \_\_\_\_\_)
- Advertisement (where? \_\_\_\_\_)
- Volunteer ME or VolunteerMatch
- Former participant. If yes, when/where did you attend? \_\_\_\_\_
- Social Services
- School
- Court
- Other: \_\_\_\_\_

### **Reason for wanting to volunteer**

**Personal** – Why do you want to volunteer with the Center? \_\_\_\_\_

**School mandated volunteer service** \_\_\_\_\_

NAME OF SCHOOL

Hours needed: \_\_\_\_\_ By when? \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Person: Name \_\_\_\_\_ Phone or Email: \_\_\_\_\_

**Court mandated community service** \_\_\_\_\_

COURT BRANCH

Hours needed: \_\_\_\_\_ 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 / Unsure*

- Professional resource person - *Area of expertise:* \_\_\_\_\_

- Other volunteer opportunities (*Please check all that interest you*)

- |   |   |
|---|---|
| <input type="checkbox"/> Special Events Team  | <input type="checkbox"/> Cover phone/door                 |
| <input type="checkbox"/> Runners (for fundraising)  | <input type="checkbox"/> Office/administrative/clerical   |
| <input type="checkbox"/> Mailings Helpers   | <input type="checkbox"/> Data entry/computer skills       |
| <input type="checkbox"/> Photographer (with hi res camera)                                    | <input type="checkbox"/> Sewing projects                  |
| <input type="checkbox"/> Facilities (repairs/handy helpers)                                   | <input type="checkbox"/> Facilities (organizing/cleaning) |
| <input type="checkbox"/> Library helper   | <input type="checkbox"/> Take recycle away                |
| <input type="checkbox"/> Gardening (watering 1 day/week in summer)                            | <input type="checkbox"/> Take Clynk bags away             |
| <input type="checkbox"/> Garden maintenance   | <input type="checkbox"/> Run errands                      |
| <input type="checkbox"/> Garden/fall clean-up   | <input type="checkbox"/> Art projects                     |
| <input type="checkbox"/> Meal preparation   | <input type="checkbox"/> Writer/editor                    |
| <input type="checkbox"/> Other skills, training, hobbies or interests (please specify): _____ |   |

**AVAILABILITY**

- How soon are you available to volunteer? \_\_\_\_\_
- Length of intended commitment (circle one): Short-term (*up to 6 months*) Long-term (*6 months +*)
- What times are you available to volunteer?  
Regular schedule  Episodic/as needed  Other: \_\_\_\_\_
- For each day write times generally available. (Example: 9-12pm, 3-5pm)

Monday	Tuesday	Wednesday	Thursday	Friday
____-____	____-____	____-____	____-____	____-____

- Ideal number of volunteer hours (can be per week/month): \_\_\_\_\_ hours per \_\_\_\_\_
- Prefer projects that can be completed from home? *Yes / No*

**BACKGROUND/REFERENCES**

Have you ever been asked to resign from a volunteer position? *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 nature and timing \_\_\_\_\_  
\_\_\_\_\_

Please provide **two** personal references to whom you are not related.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Please feel free to use this space if there is anything else you would like us to know.

**Background Check Release**

*I understand that certain volunteer roles at the Center for Grieving Children 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.*

\_\_\_\_\_  
Signature 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