



**Gerard's House**  
...for grieving children

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## **Facilitator Training Calendar for 2017**

Thank you so much for your interest in our volunteer facilitator training! The dates of the next 3-day training will be:

### **2017 Facilitator Training**

Friday, August 11, 2017

Saturday, August 12, 2017

Sunday, August 13, 2017

Training Workshops will be conducted at Gerard's House. The hours will be:

Friday from 6:00 p.m. to 9:00 p.m.

Saturday & Sunday from 10:00 a.m. to 6:00 p.m.

(\*Attendance on all 3 days is mandatory, plus one training in an area of interest-TBA)

There will be coffee, tea, and snacks provided at Gerard's House, and lunch will be provided on Saturday and Sunday.

The first day will focus on personal grief work and on grieving children and families. The second day is all about the skills we use as part of the Gerard's House model in our programs of peer grief support for grieving children and teenagers.

The fee for the training, if you are planning to volunteer, is \$50 to help us defray costs of materials, scholarships are available. If you want to take the training but do not plan to volunteer at Gerard's House, the cost of the training is \$225.

To register for the training you must attend a group or individual orientation. Please feel free to contact Nicole Gonzales, [nicolegerardshouse@gmail.com](mailto:nicolegerardshouse@gmail.com), 505 424-1800 ext. 23 if you have any questions or concerns.

Thank you, and we look forward to meeting you!



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## Facilitator Application

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_

(If applicable, please circle the phone number above where we should contact you first)

**Email address:** \_\_\_\_\_

**Do you speak Spanish? Y / N**

(For following questions, use back of paper if needed.)

**What drew you to Gerard's House?**

**Please describe what are you hoping for from your experience here.**

**Please tell us about any reservations or hesitations you have about facilitating grief support groups at Gerard's House:**

**Below is our schedule for facilitators when weekly groups are in session. Please note when you are available to volunteer:**

***Monday:***

- Morning*
- Afternoon*
- Evening*
- Night*

***Tuesday:***

- Morning*
- Afternoon*
- Evening*
- Night*

***Wednesday:***

- Morning*
- Afternoon*
- Evening*
- Night*

***Thursday:***

- Morning*
- Afternoon*
- Evening*
- Night*

***Friday:***

- Morning*
- Afternoon*

**Please list the age groups you prefer to work with:**

<b>1<sup>st</sup> choice:</b>	
<b>2<sup>nd</sup> choice:</b>	
<b>3<sup>rd</sup> choice:</b>	
<b>4<sup>th</sup> choice:</b>	
<b>5<sup>th</sup> choice</b>	

*age group: 4-6 year-olds*

*age groups: 7-10 year-olds*

*age group: 11-14 year-olds*

**There is a separate support group for parents and adult caregivers concurrent with each children's group. What is your interest level in training to work with the adults?**

- Not interested in working with the adults. I want to work with kids.*
- Would be willing to try the adult group, but prefer to work with the kids.*
- Interested in both. No strong preference.*
- Facilitating the adult group is my first choice.*

**Have you experienced a death in the last year? Y / N If yes, please tell us a little bit about that:**

**Please list other significant deaths or losses in your life:**

<i>Nature of loss/death</i>	<i>Approximate date of loss/death</i>

**Please list any medications you take or physical or medical conditions you have that we should know about, for example, in case of an emergency:**

**Whom should we contact in case of an emergency?**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Gerard's House will complete a background check for every volunteer before he/she works with the families. You can help us by answering the following questions:

*Have you ever been convicted of a felony? Y/N*

*Are you on record as a sex offender or physical abuser? Y/N*

*If you answered yes to either of the above, please explain:*

**Please list three references with phone numbers:**

1.

2.

3.

*Because Gerard's House facilitators work within a specific model that is not a fit for everyone, because we work with children, and because we work with grief and loss, we reserve the right to accept or reject potential volunteers.*

*Thank you for taking the time to fill out this application. We appreciate it! We also thank you for your interest in helping children, teenagers and their families at Gerard's House.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_