



Gerard's House
...for grieving children

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 check each three-hour time block when you are available to volunteer:

- Mondays 3:30 – 6:30* *age group: 3-6 year-olds*
- Tuesdays 3:30 – 6:30* *age groups: 7-10 year-olds*
- Wednesdays 5:30 – 8:30* *age group: 11-14 year-olds*
- Thursdays 5:30 – 8:30* *age group: 15-21 year olds*

Choosing from the times you are available to volunteer, please list the age groups you prefer to work with:

1 st choice:	
2 nd choice:	
3 rd choice:	
4 th choice:	
5 th choice	

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 Number: _____

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 of 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: _____