

Volunteer Application

The Garden: A Center for Grieving Children and Teens

Thank you for your interest in volunteering at The Garden!! Volunteers are the h-e-a-r-t of our work with grieving young people and their families.

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Daytime Phone: _____

Evening Phone: _____ Alternate Phone: _____

Email: _____

How did you hear about volunteering at *The Garden*: _____

Please circle your responses to the following questions:

I am willing to commit to volunteering @ <i>The Garden</i> for one program year.	Yes	No
I will be present for 4-hours at each meeting.	Yes	No
I will keep my absences to a minimum (not missing more than 2 meetings).	Yes	No
I can commit to additional volunteer hours (up to 1 hour) for group planning.	Yes	No
I am available to help out in other ways (i.e. mailings, event planning, outreach).	Yes	No
I hold up-to-date certification in CPR/First Aid?	Yes	No

Please complete the following questions and feel free to attach additional papers as needed.

Please list all education and experiences (work or volunteer) with children (k-12th grade). Please include teaching, childcare, camp counseling etc.

Please tell us why you are interested in volunteering at *The Garden*.

Have you had a family member or close friend die within the last year? Please explain.

Have you been affected by another kind of major death or change with the last year? Please explain.

Have you had a family member/close friend die or another kind of major loss or change within your life? Please explain.

Have you ever had first-hand experience participating in counseling or support groups?

Please list the names, addresses and telephone numbers of 2 references:

1. _____

2. _____

- While a facilitator at *The Garden*, you are agreeing not to date *The Garden* family members and to participate in all *The Garden* activities drug and alcohol free.
- Further, you are confirming that all statements made on this application are correct and that you know of no reason that would prevent you from being a qualified facilitator at *The Garden*.
- Finally, you are acknowledging that acceptance to *The Garden* volunteer training does not guarantee a position as a facilitator at *The Garden*.

If you agree to these conditions of volunteering at *The Garden*, please sign below.

Signature

Date

Note: Practicing therapists, coaches and counselors will be asked to make a deposit of \$250 for the initial facilitator training, which shall be refunded if the therapist/counselor completes one year of service with the program, or at the Director's discretion (if the volunteer relationship with The Garden ends after one year).

Upon completion please return to:
The Garden c/o Shelly Bathe Lenn 168 Industrial Rd. Northampton, MA 01060