



# *House of Hope*

## Grief and Loss Center

### Volunteer Facilitator Training Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ SS No. \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Your Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list which days of the week/weekend that you would be most available to participate in training.

1 \_\_\_\_\_ 3 \_\_\_\_\_ 5 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_ 6 \_\_\_\_\_

Please check below:

\_\_\_\_\_ I understand that I am required to attend a 12 hour Volunteer Facilitator Training before I can become a facilitator in a peer support group sponsored by Universal Love Foundation House of Hope.

\_\_\_\_\_ I understand that Universal Love Foundation's House of Hope reserves the right to accept or reject any potential trainee as a facilitator even after he/she has completed the 12 hour training

\_\_\_\_\_ I understand that this training is offered only to those who intend to volunteer for at least one year as a facilitator of a peer support group sponsored by Universal Love Foundation's House of Hope and the minimum commitment is 3 hours per session per week.

\_\_\_\_\_ I understand if I am accepted as a facilitator, I will be asked to complete a criminal background check, TB test, drug screen as well as a statement by a physician stating that I am physically and mentally able to carry out the responsibilities of a grief and loss support group facilitator.

\_\_\_\_\_ Enclosed is my required, non refundable \$25. I understand that the fee for training is \$75 and I will pay the remainder \$50 prior to the first day of training.

1. Please provide information about the deaths and other losses you have experienced.

2. Please tell us reasons for applying, including what you hope to gain personally from this training and volunteering as a grief and loss support group facilitator through Universal Love Foundation's House of Hope.

3. Describe any previous training you have had related to grieving process.

4. Describe your personal, professional and/or volunteer experiences with children, teens and adults.

5. Please provide us with days and times you would be available to facilitate a peer support group.

Monday	_____	Times	_____
Tuesday	_____	Times	_____
Wednesday	_____	Times	_____
Thursday	_____	Times	_____
Friday	_____	Times	_____