

The Children's Room
Center for Grieving Children & Teenagers, Inc.

Volunteer Facilitator Training Application

If you are interested in being considered for this comprehensive training, please complete & return the Volunteer Facilitator Application below.

Name:	Date of Birth:
Home Address:	Home Phone: Cell Phone: Email:
Emergency Contact Name:	Emergency Phone:
Your Employer:	Your Occupation: Work Phone:

1. Please provide information about the deaths and other losses you have experienced.
2. Please tell us your reasons for applying including what you hope to gain personally from this training and volunteering as a facilitator at The Children's Room.
3. Describe any previous training you have had related to the grieving process.
4. Describe your personal, professional, and/or volunteer experiences with children, teens, and adults.

Groups meet every other week September through June. Which group session(s) are you available to attend:

- Monday 5:30 – 9:00 p.m. Sunday 2:00 – 5:30 p.m.
 Tuesday 5:30 – 9:00 p.m. Arlington
 Thursday 5:30 – 9:00 p.m.

Please check age group(s) you are interested in working with:

- 3-5 years old 6-12 years old 13-18 years old Adults

Please check below:

- 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 at The Children’s Room and that the minimum commitment is for 3.5 hours per session in a group that meets every other week.
- I understand that I am required to attend all 30 hours (5 sessions) of the Volunteer Facilitator Training before I can be considered as a support group facilitator.
- I understand that The Children’s Room has the right to accept or reject any potential trainee as a facilitator at any time during the application review process and even after she/he has completed the 5 sessions of training.
- I understand that if I am accepted as a facilitator, I will be asked to complete a State of Massachusetts Criminal Offender Records Information (CORI) form.
- Enclosed is my \$25 non-refundable deposit.** I understand that there is a \$75 fee for this training and I will pay the remaining \$50 on, or prior to, the first day of training.

Signature: _____ Date _____

Return to: The Children’s Room, 1210 Massachusetts Avenue, Arlington, MA 02476

The Children’s Room, Center for Grieving Children and Teenagers, Inc., does not discriminate on the basis of race, color, national origin, sexual orientation or disability in admission or access to, or employment in its programs or activities.

Revised 2/11/11