

The Alcove
VOLUNTEER FACILITATOR APPLICATION FORM

Name: _____ Date _____

Street _____ Phone (H) _____

City _____ State _____ Zip _____ Phone (W) _____

Email address: _____ Fax: _____

Date of Birth _____ Occupation: _____

Workplace address: _____

Volunteer experience: _____

Employment experience: _____

Number of children _____ Ages _____

Name of close friend or relative to contact in an emergency _____

_____ Phone number _____

Physician's name: _____ Phone number: _____

Hospital of choice in case of emergency _____

Any medical history about which we should be aware? _____

How did you hear about the Alcove? _____

What influenced you most in your decision to volunteer at the Center? _____

Is co-facilitating a group of children, teens or adults at the Center your goal for attending training?

Yes _____ No _____

Is co-facilitating a group of children, teens or adults at the Center your goal for attending the training? Yes _____ No _____

Have you had a major loss or grief within the last year? _____

Have you had a major loss or grief within your life? _____

Please list the names, addresses, and phone numbers of two references:

1. _____

2. _____

Kindly Return Completed Application Form to:

**The Alcove, Center for Grieving Children & Families
950 Tilton Road – Ste. 108
Northfield, NJ 08225**

Phone: 609-484-1133

Fax: 609-484-3188