

## Common Ground Grief Center



Dear Applicant,

Thank you for your interest in Common Ground Grief Center's Volunteer Facilitator Training. Our volunteers are the heart of our program and contribute their time and energy into helping make a difference in the lives of grieving children, teens, and their families.

Please carefully review and complete the information on the next three pages. Additionally, please read and complete the application regarding "Criminal Background Check."

Mail all forms back to the address provided on the last page.

Sincerely,

Lynn M. Snyder LPC, ATR-BC, CT  
Executive Director/Founder

**Common Ground Grief Center  
Volunteer Facilitator Training Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email address: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment Experience: \_\_\_\_\_

\_\_\_\_\_

Who may we contact in case of emergency? \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Hospital choice in case of emergency: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical history we should be aware of? \_\_\_\_\_

How did you hear about Common Ground? \_\_\_\_\_

\_\_\_\_\_

**Please complete the following questions:**

1. Please provide information about the deaths and other losses you have experienced.
  
  
  
  
  
  
  
  
  
  
2. Please share your reasons for applying for this training, including what you hope to gain personally from this training and volunteering as a facilitator.
  
  
  
  
  
  
  
  
  
  
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.

Please check below the age group you would feel most comfortable working with.

\_\_\_\_\_ 6-12                      \_\_\_\_\_ Teens                      \_\_\_\_\_ Adults

**Request For Personal References:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please read the following items and check the box next to each acknowledging that you have read and understood the statements.**

- I Understand that I am required to attend all 24 hours (4 sessions) of the volunteer facilitator training before I can become a facilitator in a peer support group at Common Ground.
- I understand that Common Ground reserves the right to accept or reject any potential trainee as a facilitator even after he/she has completed the sessions.
- I understand that training is offered only to those that intend to volunteer for at least one year as a facilitator of a peer support group at Common Ground, and that this commitment is 3 1/2 hours every other week.
- I understand that if I am accepted as a facilitator, Common Ground will complete a criminal background check on me.
- I understand that the cost for the training is \$95.00 and that a \$35.00 non-refundable deposit is required and enclosed with this application. I will pay the remainder \$60.00 at the first day of the training.

I have completed this form to the best of my knowledge and have enclosed the deposit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Kindly return the completed application form to:

**Common Ground Grief Center  
67 Taylor Ave.  
Manasquan, NJ 08736**

Phone: 732-606-7477