



Volunteer Facilitator Application

Legal Name: _____ Birth Date: _____

Street Address: _____ City: _____ State/Zip: _____

Phone Number: (H) _____ (W) _____ (C): _____

Email Address: _____

Current Employer (If applicable): _____

Street Address: _____ City: _____ State/Zip: _____

Title: _____ Occupation: _____ Phone #: _____

Previous Employment: (List most recent first)

Dates (From/To)	Employer	Position	Supervisor's Name

How did you learn about volunteering at Kyle's Korner? Circle:

Web Site / Newsletter / Fundraiser Event / Friend / Local Newspaper / Other: _____

Why would you like to become a Volunteer Facilitator at Kyle's Korner? _____

What are your expectations of participation in this program? _____



Are you able to give a 1 year commitment for serving as a Volunteer Facilitator? Circle: Yes / No
 If not, why? _____

Describe your experiences with youth (volunteer, professional, personal): _____

Which participants would you feel most comfortable spending time with? Please indicate your 1st, 2nd, 3rd choices:

___ Pre-School Children (4-6 y/o) ___ School Age Children (7-10 y/o) ___ Pre-Teens (11-14 y/o)
 ___ Teens (13-18 y/o) ___ Adults

Please describe your rationale for selecting your age group preferences: _____

What skills or talents are you willing to share that would be of interest to grieving children, teens and adults? _____

Please list the times you are generally available for volunteering support groups on a regular basis:

	Monday	Tuesday	Wednesday	Thursday
Evenings 5:30pm - 8:30pm				

Have you experienced a death in the last year? Circle: Yes / No If yes, please explain:



Do you have any physical or medical conditions that may affect your ability to participate in this program? Circle: Yes / No If yes, please identify: _____

Are you abusing drugs and/or alcohol? Circle: Yes / No

Have you ever been hospitalized for a mental illness? Circle: Yes / No
If yes, please describe the nature of the illness: _____

Emergency Contact

Contact Name 1: _____ **Phone Number:** _____
Relationship: _____ **Alternate #:** _____

Contact Name 2: _____ **Phone Number:** _____
Relationship: _____ **Alternate #:** _____



Authorization and Release Form

The undersigned hereby authorized Kyle's Korner, Inc., to obtain criminal records about me from any source. I also authorize Kyle's Korner, Inc., to provide such records to third parties for the purpose of evaluating my application for acceptance into a volunteer position. Such third parties and the Board of Directors of Kyle's Korner, Inc., its agents, employees, and officers are hereby released of any liability that may arise from the disclosure of such information.

I have read and understand the above authorization and release.

Signature of Volunteer Applicant

Date:

Print Name



My Personal Contract with Kyle's Korner

At Kyle's Korner, we promise to do everything we can to provide a safe, nurturing place for grieving children, teens and their families. The purpose of the contract is to make sure that you have been given the principles, guidelines and expectations of Kyle's Korner and that you commit to following them to the best of your ability.

1. I promise to keep what is said at Kyle's Korner private and confidential.
2. I will have consistent attendance.
3. I understand that if I do not want to participate in an activity or discussion, that I can use the "I pass" rule.
4. I agree to be present and to participate in the volunteer pre and post group.
5. I promise to respect differences and to show acceptance in my presence, listening and building conversations between children, teens and adults.
6. If I see child, teen, or adult break a rule, I will remain non-judgmental while respectfully reminding them about the rule and will thank them for following the rule.
7. I will remain aware of appropriate physical and verbal boundaries between myself and others.
8. I will immediately inform the Program Director of any concerns that I may have about a child, teen or family member's safety.
9. I will not have contact with any family participant outside of Kyle's Korner and I will not provide transportation for any family member while I am volunteering.
10. I will not participate in any purchases, rentals or personal favors with families or other volunteers at Kyle's Korner.
11. I understand that Kyle's Korner will not give out confidential information about volunteers including their mailing address, phone numbers, or e-mail address. Volunteers may agree to provide their own information with other volunteers if they so choose. Otherwise all communications are forwarded to the Program Director.
12. I understand that I am encouraged to provide on-going feedback about Kyle's Korner programs and my involvement in order to assist continual quality assurance and improvement.
13. I understand that my volunteer service may not be continued if I am no longer considered a volunteer match for Kyle's Korner.
14. I will aspire to giving a two weeks' notice if I find that I can no longer volunteer at Kyle's Korner and will follow the termination policy with our grieving families.

Volunteer's Signature _____

Date: _____

Program Director's Signature _____

Date: _____