



CENTER FOR HOPE AND HEALING & CAMP HOPE VOLUNTEERING

Volunteers are the heart of the Camp Hope and the Center for Hope and Healing and work directly with grieving adults, children and teens. Center for Hope and Healing Volunteers working directly with grieverers are required to complete the centers Volunteer Facilitator Training. If you are interested in volunteering in another capacity please let us know. Camp Volunteers go through a short volunteer training but are encouraged to complete the Center for Hope and Healing Facilitator Training.

If you are interested in becoming a volunteer with the the Center for Hope and Healing and/or Camp Hope please fill out the application below and send to the Center for Hope and Healing,

1528 US Highway 395 N, Ste 235
Gardnerville, NV 89410

or email to info@camphopenv.org



**CENTER FOR HOPE & HEALING AND CAMP HOPE
Volunteer Application**

Personal Information:

First Name: _____ MI: _____ Last Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone/Pager: _____
 Work Phone: _____ E-mail: _____
 Social Security #: _____ NV Driver's License #: _____ Birth Date: ____/____/____

Employment History: Current Occupation/Title: _____

Employer's Name, Address and Phone Number	Position Held	Date of Employment
Current		
Previous		
Previous		

Educational Background: (Selection of volunteers is not based on education/license)

Are you presently attending school? Yes No If 'Yes' please complete information below:
 Name of School: _____ Field of Study: _____

Anticipated graduation date: _____ Will you receive academic credit for your volunteer work? Yes No

Please Check those that you've completed: provide year graduated and field of study for each.

High School/GED _____ Bachelor's Degree _____
 Specialized Training _____ Master's Degree _____
 Associated Degree _____ Doctorate _____

Professional Licenses and/or Certifications:

Type	State	Date	Number	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Information

Person to notify in case of emergency: _____ Relationship: _____
 Address: _____ Cell Phone: _____
 Home Phone: _____ Work Phone: _____



Additional Information: (Feel free to write on back page if more space is required.)

Describe your experience working with children/teens (volunteer, professional, personal). _____

Please list specific skills, interests and personal background you believe will be helpful in this volunteer position. _____

Hobbies: _____

Languages you speak in addition to English: _____

If you have ever participated in a support group, please describe: _____

If you have ever facilitated a support group, please describe: _____

If you have ever been convicted of a misdemeanor or a felony please indicate date(s) and describe the charges.* _____

*(Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from a volunteer position with the Douglas Center for Hope and Healing. Conviction will be considered with respect to time, relatedness to your work as a volunteer and other relevant factors.)

If you are currently under the care of a physician or psychiatrist, please describe: _____

Personal References: Please provide the name, complete address and phone number of a person in each of these categories who knows you well, has a definite knowledge of your abilities, personality and qualifications and whom we may contact for a reference.

Full Name	Mailing Address	Phone
Employer/Supervisor (Current or past)		
Co-worker (Current or past)		
Friend		
Relative		



Bereavement History: Please indicate significant losses that you have experienced.

Your Relationship to Deceased	Year of Death	Your Age at Loss	Cause of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Being a Volunteer Facilitator: (Feel free to write on back page if more space is required).

Please tell why you are interested in working with grieving children.

What do you hope to gain personally as a result of attending this training?

What are your expectations of participation in the Douglas Center for Hope and Healing program?

Is there anything to prevent you from keeping your ten-month commitment? If yes, please explain.



Availability and Areas of Interest:

Below are the volunteer opportunities available. Please check your availability and preference. Groups meet every other week. Time include one-hour pre-meeting and on-hour post-meeting sessions for facilitators, and one & on-half hour session facilitating children, teens or adults.

- CENTER FOR HOPE AND HEALING Groups
- CENTER FOR HOPE AND HEALING Fundraising/Other
- CAMP HOPE

Group Facilitators: Wednesday 5:30-7:30PM Thursday 5:30-7:30PM

With which participants would you feel most comfortable spending time?

Please indicate 1st, 2nd and 3rd choices of groups you'd like to work with.

7-12 year olds 13-18 year olds adults

I would feel comfortable working with participants who have experienced:

Please indicate 1st, 2nd and 3rd choices.

- loss by suicide a homicide
- loss due to serious illness an accidental death
- loss of a sibling loss of a grandparent

Please carefully read the following. Please check each item if agreeable and sign below. If not agreeable, please write your comments under signature line.

I understand that I am required to attend Camp Training and/or Volunteer Facilitator Training before I become a facilitator in a peer group sponsored by the Center for Hope and Healing.

I understand that the Center for Hope and Healing reserves the right to accept or reject any potential trainee as a facilitator even after he/she has completed training.

I understand that this training is offered to those who intend to volunteer as a facilitator of a peer support group sponsored by the Center for Hope and Healing.

I understand that if I am accepted as a facilitator, I will be asked to complete a 'Request for Nevada Criminal History Information' form and pay the fee required by the State of Nevada.

I declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I authorize you to verify any and all information provided herein.

****Please not that volunteer facilitators are required to attend all hours of the training.****

****Douglas Center for Hope and Healing reserves the right to accept or reject all potential volunteers.****

Signature: _____ Date: _____

