



Volunteer Service Application

To Check a box, double left click on the box, select checked under the default Value

Name: (First) (Middle) (Last)	
What do you want us to call you?	Social Security Number:
Address:	Birth date: / /
City, State, Zip:	Home Phone:
Email address:	Cell Phone:
Where do you work?	Work Phone:
Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours:

What led you to Brooke's Place? (To Check a box, double left click on the box, select checked under the Default Value)

- | | |
|---|---|
| <input type="checkbox"/> Interest in volunteering | <input type="checkbox"/> Brooke's Place Web Site |
| <input type="checkbox"/> Past personal experience | <input type="checkbox"/> Graduate Student |
| <input type="checkbox"/> Looking for skills & resources to help bereaved children | <input type="checkbox"/> Seeking license / renewal credit |
| <input type="checkbox"/> Referred by current BP volunteer or family | <input type="checkbox"/> Speaker's Bureau Event |
| <input type="checkbox"/> Community reputation of Brooke's Place | <input type="checkbox"/> Other: |

Tell us why you want to volunteer at Brooke's Place:

Tell us about the strengths you bring to Brooke's Place:

What are your goals while serving at Brooke's Place?

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Please check the areas below in which you are interested in volunteering:

Facilitator
Brooke's Place Buddies
Other

Office Support
Speaker

If interested in serving as a peer support group facilitator, can you commit to serving consistently for one year, twice a month, on a set schedule?

If interested in other areas, how long is the commitment you can make to Brooke's Place?

Brooke's Place children, teens, young adults and adults rely on us to find great volunteers. Subsequently, please tell us how you have managed death & loss in the following inventory. All the information received remains confidential.

Following a death or loss describe the support that you received.

Who told you?

How was it presented?

What was it like?

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When Loss Occurs:

Angry	<input type="checkbox"/> 1 (never)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 (always)
My faith helps	<input type="checkbox"/> 1 (never)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 (always)
Crying	<input type="checkbox"/> 1 (never)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 (always)
Other:	<input type="checkbox"/> 1 (never)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 (always)

(To Check a box, double left click on the box, select checked under the default Value)

Grief comes in many forms, including death, divorce, moving, etc. Please describe some of your experiences. Tell us when they occurred, how they affected your relationships, and how you coped with your experiences.

Work History, for the past 10 years, starting with the most recent:

Job Title	Company	Phone #	Contact	Date

Education	Name	City/State	Years	Degree
High School				
College/Tech				
College/Tech				

Experience with Youth. Please list any involvement you've had with children, teens and young adults. If you've had experience with other programs like Boys & Girls Club, Big Brothers/Big Sister's Scouting, or church/temple youth groups, please list where, dates and agency representative with whom you worked.

Agency	Address	Phone	Contact	Date

Personal References. List the names, addresses with zip codes, and phone numbers of four references (not relatives) and include the nature of your relationship. If you have recently moved to the area, out-of-town references are acceptable. It is necessary to include your current or immediate employment supervisor.

Name	Email	Phone	Relationship

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Have you ever served in the military?

Yes No

If yes, please include a copy of your DD214.

Have you ever been accused of any crime or investigated for a crime? (If yes, please explain)

Yes No

Due to the nature of our work with children and teens, volunteers who have had any child or minor-related criminal charges filed against them are immediately precluded from volunteering in the parts of our program that lead to direct contact with children and teens.

Our general practice is to request police checks for every location you have lived during the past 10 years. If it appears to be prudent to go beyond the 10 years, we reserve the right to conduct any and all security checks necessary to qualify a volunteer for programming. Please list the areas where you have lived during the past 10 years.

City	County	State	Dates

"The undersigned acknowledges and agrees that (1) he/she is not required, if called upon, to perform the volunteer service herein applied for and that Brooke's Place for Grieving Young People, Inc. is not required to assign, or actively seek to assign, him/her as a volunteer even after appropriate training; and, (2) as a part of the Agency's assessment process, additional information will be elicited from the applicant by Agency Personnel."

I swear or affirm under the penalties of perjury that all the information supplied to Brooke's Place for Grieving Young People, Inc. during the application process, is true and accurate.

Signed _____ Date _____

Printed Name of Applicant _____

If you are under the age of 18, a parent must complete the next section.

I give permission for my son/daughter to serve as a volunteer at Brooke's Place for Grieving Young People, Inc.

Name of Parent _____

Signature of Parent _____ Date _____