VOLUNTEERING

Volunteers are the heart of The Solace Tree and work directly with grieving children and teens. Volunteers are paired with children in their peer support group. Volunteers go through a 25 hour training before they can become facilitators. Volunteers meet twice-monthly and meet one hour before the children and teens come to group, and meet for an hour after group. Volunteers experience the grieving process personally as they explore their own feelings about death and loss and ensure grieving children and teens an experience of a safe haven for trust and sharing.

We are always looking for volunteers for the following positions:
Fund Raising
Marketing
Help getting In-Kind donations
Facilitating groups
Spanish speaking facilitators

If you are interested in becoming a volunteer with The Solace Tree please fill out the application below and send to The Solace Tree, P.O. Box 2944, Reno, NV 89505.
Personal Information:
☐ Ms. ☐ Mrs. ☐ Mr.
First Name:___________ MI:_________ Last Name:______________________________
Street Address:____________________ City:___________ State:______ Zip:__________
Mailing Address:____________________ City:___________ State:______ Zip:__________

Employment History: Current Occupation/Title:______________________________

<table>
<thead>
<tr>
<th>Employer’s Name, Address and Phone Number</th>
<th>Position Held</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home Phone:____________________ Cell Phone/Pager:____________________
Work Phone:____________________ Email:______________________________
Social Security #:_______________ NV Driver’s License #:____________ Birth Date:______

Educational Background: (Selection of volunteers is not based on education/license.)
Are you presently attending school? ___Yes ___ No. If “Yes”, please complete the 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
☐ Associate Degree ☐ Doctorate

Professional Licenses and/or Certifications:
Type:_________________________ State:______ Date:______ Number:__________________
Type:_________________________ State:______ Date:______ Number:__________________
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 Solace Tree. Conviction will be considered with respect to time, relatedness to you 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 our abilities, personality and qualifications and whom we may contact for a reference.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer/Supervisor (Current or Past)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Worker (Current or Past)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Your Relationship to Deceased</th>
<th>Year of Death</th>
<th>Your Age at Loss</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Solace Tree 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 times and days groups meet. Please check your availability and preference. Groups meet every other week. Times includes one hour pre-meeting and one hour post-meeting sessions for facilitators, and a one and one half hour session facilitating children, teens, or adults.

There are no meetings in July and August.

☐ Monday 5:30-9:00 PM ☐ Tuesday 5:30-9:00 PM ☐ Wednesday 5:30-9:00 PM ☐ Thursday 5:30-9:00 PM

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.
__ 3-5 year old __ 6-12 year olds __ 11-14 year olds
__ 13-19 year olds __ adults

I would feel comfortable working with participants who have experienced:
Please indicate 1st, 2nd, 3rd, and 4th 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 the signature line.

_____ I understand that I am required to attend 20 hours (4 sessions) of Volunteer Facilitator Training before I become a facilitator in a peer group sponsored by Solace Tree.

_____ I understand that The Solace Tree reserves the right to accept or reject any potential trainee as a facilitator even after he/she has completed 20 hours of training.

_____ I understand that this training is offered to those who intend to volunteer for at least 10 months as a facilitator of a peer support group sponsored by The Solace Tree and that the minimum commitment is for a 3 ½ hours per session in a group that meets every other week.

_____ 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 and all information provided herein.
Please note that volunteer facilitators are required to attend all hours of the training.**
**Solace Tree reserves the right to accept or reject all potential volunteers.**

Signature ___________________________________________  Date ______________________