

Mourning Hope Volunteer Application Form

Thank you for your interest in volunteering at Mourning Hope Grief Center! We are so grateful that you want to learn more about how to support children, teens, and their families who are grieving the death of someone significant in their lives. Together, we can provide the opportunity of new hope for those families who mourn!

Please read through the following information before applying to volunteer:

- We require the volunteers who would like to facilitate any type of grief support group associated with Mourning Hope to attend out facilitator training and make a one year commitment to working with groups.
 - Commitment for our 10—week groups translates to 3 hours once a week for 10 weeks. This commitment helps create continuity for the children, teens, young adults, and adults in our groups. Consistency is an essential piece for those on their grief journey.
 - We also have five week commitments and one-day commitments.
- If you have experienced a death within the last year, please discuss this with program staff before applying. Volunteering at Mourning Hope can be an intense experience for those who are grieving a recent loss.
- Completion of our facilitator training in not a guarantee that you will be accepted as a facilitator.
- If you are accepted as a facilitator, you will work with an experienced facilitator in your first two support groups.
- Before working in a group, you will need to complete a Background Check Disclosure Authorization and Release form. The \$50 fee you pay for training is applied to the cost of the background check.
- Applications are accepted on an on-going basis.
- Mourning Hope offers many volunteer opportunities that don't require training. If you go through facilitator training and find that you are a not a fit, please ask about other opportunities.

Please complete the information below to be placed in our volunteer file:

Name: _____ Male___Female___Other___ Date of Birth_____

Home Phone_____Work Phone_____Cell Phone_____

Address_____City_____Zip_____

Email Address_____

Preferred Contact:

Text_____ Email:_____ Phone:_____ (list number)

Place of employment:_____

For staff use only:

Date application received:_____

Have you had any significant deaths in your life? Please share what you feel comfortable with.
Mourning Hope recommends waiting at least a year from a significant death before volunteering at our center.

Please tell us your reasons for applying, including what you hope to gain personally from this volunteering experience.

Describe any previous training/experience you have had related to the grieving process.

Describe your experiences working with children, teens, and adults in any capacity (personal, professional, or volunteer).

What excites you the most about volunteering at Mourning Hope?

What scares you the most about volunteering at Mourning Hope?

Three Personal References (Please include name, email, phone, and affiliation):

1.

2.

3.

I give permission for all background checks as required by federal, state and local ___Yes___No

I understand that after completing this application form, an interview/orientation appointment will be made with Mourning Hope Staff person. That meeting will include a brief interview and an explanation of the jobs involved. After that meeting, I will work with the Program Resource Coordinator to decide on the appropriate volunteer positions and training required. I do understand this is a personal investment of time that I need to be committed to.

Signature_____Date_____

I am interested in volunteering on the following projects:

Facilitation of 10-week grief groups : ____fall____late fall ____winter____spring

Facilitator training is required for this volunteer opportunity.

Facilitation of in-school grief groups: _____

Facilitation training is required for this volunteer opportunity.

Camp Erin Volunteer: _____

Camp training is required for this volunteer opportunity.

Being a group session host: _____

This requires a commitment of two consecutive Monday evenings from 6:00pm – 9:00pm

Artist needed for “Art From Our Heart” program: _____

Providing a meal or snack for families before group: _____

Comfort/Companion Dog Handler: _____

Fundraising Efforts: _____

Hope in the Morning _____

Grant Writing _____

Hosting Friendraiser _____

Involves inviting your friends/relatives/coworkers to your home and having board members come to share Mourning Hope information with them. Usually a one hour event.

Other fundraising opportunities _____

Sewing Projects: _____

Quilts/banners from dedication blocks that families make during group _____

Comfort pillows, requires coming to a group one evening and sewing pillows with participants _____

Agency Fair Volunteer: _____

Requires supporting Mourning Hope staff at marketing fairs

Write article for Mourning Hope Newsletter: _____

Mailing Preparation: _____

Deliver Brochures: _____

House cleaning/Yard work/House maintenance: _____

Serving on Mourning Hope’s Board: _____

Other:

RELEASE OF INFORMATION

The Mourning Hope Grief Center strives to provide a safe environment for youth, caregivers, volunteers, contractors, staff and board members. Their security and safety is fundamental to the mission and purpose of Mourning Hope. Mourning Hope's Background Investigation Program is designed to provide a safe and secure environment in a manner consistent with the principle of evaluating each candidate's individual fitness for the position sought.

- The position for which I am being considered requires me to consent to a criminal background check as a condition of employment/volunteerism. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.
- The purpose of this check will be to determine if my name is being maintained on any registers as a result of previous abuse/neglect allegations, which have been investigated and have not been determined to be unfounded.
- To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.
- I hereby authorize Mourning Hope to complete a criminal background investigation.

Mourning Hope Grief Center

4919 Baldwin Avenue

Lincoln, NE 68504

Printed or Typed Name of Applicant/Employee

Social Security Number

Other names used in the past twenty years (please print or type)

Date of Applicant's Birth (Month/Day/Year)
Number/State:

Driver's License

Current Home Address of Applicant Including City and Zip

Signature of Applicant

Date Signed