

## ***Mourning Hope Volunteer Application Form***

Volunteers are a key factor in reaching and helping the grieving child or teen. ***Mourning Hope*** welcomes you into our family of volunteers! We appreciate your willingness to support and work with children, teens and their families who grieve from the death of a loved one. Together, we can provide the opportunity of new hope for those families who mourn!

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

1. Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Adult \_\_\_\_\_ Teen \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

2. Experiences you have had that would relate to the volunteer position you checked:

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4. Three Personal References: (Please include name, address, phone, affiliation and position):

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4. Volunteer trainings will be required of all volunteers. Please indicate your preference for training possibilities: \_\_\_\_ week nights \_\_\_\_ late afternoons \_\_\_\_ Sats. \_\_\_\_ Weekdays

5. I give permission for all background checks as required by state & local laws. \_\_\_\_ yes \_\_\_\_ no

I understand that after completing this application form, an interview/orientation appointment will be made with the Volunteer Coordinator. That meeting will include a brief interview and an explanation of the jobs involved. After that opportunity, both the Volunteer Coordinator and I will have input 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 \_\_\_\_\_

Please indicate on the reverse side, the projects with which you are interested in working.

Return to: Mourning Hope, 4919 Baldwin Ave. Lincoln, NE 68504

## I am interested in the following projects:

- ☐ **Group facilitation of grief groups;** ☐ fall, ☐ fall/winter ☐ winter, ☐ spring  
If you are new to this, there is a training you would participate in and then you are placed with an experienced facilitator for the 10 week series. A commitment of 10 Monday evenings from 6 – 9 plus the training session is required.
- ☐ **Co-coordinating a 10 week group series**—this would include working with another volunteer to recruit facilitators and hosts for the 10 week session, contact families, send out the group information and coordinate the needs of that 10 week program.
- ☐ **Day camp volunteer**--training is required prior to camp each summer. A one day + training commit.
- ☐ **Being a group session host**—this requires a commitment of two consecutive Monday evenings from 6 – 9 p.m.
- ☐ **Fundraising efforts;**
  - ☐ sell tickets for Younkers Benefit Sale, ☐ spring ☐ winter
  - ☐ coordinate fundraising with a community organization/ church group
  - ☐ other money making project
- ☐ **Grant writing**
- ☐ **Public Speaking** to community organizations, church groups, college classes, etc.
- ☐ **Sewing projects;**
  - ☐ rock bags for group sessions,
  - ☐ quilts/ banners from dedication blocks that families make during group,
  - ☐ comfort pillows, requires coming to group on a Monday evening and sewing pillows with kids from clothing of loved one.
- ☐ **Health Fair Volunteer;** requires helping children with craft projects at health fair in summer.
- ☐ **Hosting Friendraiser;** involves inviting your friends/ relatives / coworkers to your home and having board members come to share MH information with them. Usually a 1 hour event.
- ☐ **Write article for MH Newsletter**
- ☐ **Write a book review for MH Newsletter,** involves writing a summary on a grief related book you have read or would like to read. Can be your book or one from our lending library.
- ☐ **Mailing preparation**—involves folding letters, stuffing in envelopes, attaching labels and sorting.
- ☐ **Deliver brochures** to churches, hospitals, doctor's offices, etc.
- ☐ **Make a PR visit,** make an appointment with funeral directors, churches to share information about MH with a personal contact.
- ☐ **Calendar of Events updates;** sending dates to calendar of events in paper/ cable for MH events.
- ☐ **Supply treats for Monday night sessions,** can be baked or purchased.
- ☐ **Coordinate volunteers with the tasks** they are willing to do, make sure they have materials necessary, and projects are completed in timeline needed.
- ☐ **Typing** group plans for manual revision.
- ☐ **Misc**—I'm willing to do about anything—contact me with new projects.

## RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register 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 the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

Mourning Hope

(Agency/Facility Requesting Check)

4919 Baldwin Avenue Lincoln, NE 68504

(Address - Street, City)

FAX number for facility (402) 486-0288

\_\_\_\_\_  
(Signature of Applicant/Employee)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed or Typed Name of Applicant/Employee)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Names Used in Past Twenty (20) Years  
(Please Print or Type)  
(Use back of sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Addresses in Past Twenty (20) Years  
(Please Print or Type)  
(Use back of sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Children Who Have Lived With You  
(Please Print or Type)  
(Use back of sheet if necessary)

\_\_\_\_\_  
(Date of Applicant's Birth)

\_\_\_\_\_  
(Home Address of Applicant /City/Zip)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date Witnessed)