



Forget Me Not Grief Center Program Volunteer Group Facilitator Application

Name:		
Address:		
City:	State:	Zip:
Phone (H):	Phone (mobile):	
Email:		
Occupation/Title:	Employer:	
Emergency Contact:		
Special Accommodations for training needed:		

Please note that volunteer facilitators/group leaders are **required to attend all hours** of the training.

Training schedule
Friday evening 6PM – 9PM
Saturday 9AM – 5PM
Trainings held twice annually

() I am willing and able to make a one-year commitment to the Forget Me Not Grief Center Peer Support Groups for 3 hours on Thursdays from 6:00 to 9:00 pm, usually twice a month. (We do understand that you may have personal needs that will prevent you from participating on a particular program night.)

() I understand that after completion of training each trainee meets with the Program Coordinator to determine that facilitating within FMNGCA program groups is a good match for both the trainee and that preference for Peer Group assignments or other volunteer opportunities are discussed at that time.

() I am not able to volunteer, but would like to take this training. I understand that priority is given to trainees able to volunteer within the FMNGCA program and is contingent on space availability. Suggested Donation: _____

