



## Willow House Volunteer Facilitator Application

Name \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Job title & description \_\_\_\_\_

Please answer all of the following questions. If more space is needed, please attach additional sheets.

1. How did you learn about volunteer opportunities at Willow House?

2. Why are you interested in volunteering with grieving children and teens at Willow House?

3. What skills do you have that you feel would be an asset in working with grieving children and teens?

4. Please describe your personal and professional experiences working with children and / or teens:

5. Have you experienced the death of a family member or close friend? How long has it been since the death(s) Please briefly describe how the person(s) in your life died and how you coped with the experience(s):

6. Do you have clinical certification(s) or degree(s) (MSW, LCP or similar?)  
YES NO

If yes, what degree(s), when and where did you earn your degree(s) ?

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How would your clinical experience enhance your role as a volunteer facilitator at Willow House?

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7. Have you ever been convicted of any felonies or misdemeanors (other than for a minor traffic offense?) YES NO

If yes, please explain \_\_\_\_\_

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**Willow House requires that background checks be completed for all volunteers who are working with Willow House children and teens. Your signature below indicates your understanding of this volunteer policy and your agreement to your name being submitted for a background check following your completion of the training.**

I understand this policy and agree that upon completion of the Volunteer Facilitators Training, Willow House will submit my name for a background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list previous and current volunteer experiences:

<u>Organization</u>	<u>Type of volunteer work</u>	<u>Supervisor</u>	<u>Dates</u>
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I hereby give my permission to Willow House to contact my volunteer supervisor(s) and I release my supervisor from any liability for supplying any information about my performance and suitability as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Willow House requires and provides a comprehensive 20 hours of clinician-led training for volunteer facilitators. The ***Willow House Volunteer Facilitators Training*** is provided exclusively to those prospective volunteers who express their good-faith intention to complete this training in order to become a volunteer facilitator in group and other program activities with Willow House children, teens and families.

After notification of acceptance into the Volunteer Program and before beginning the ***Willow House Volunteer Facilitators Training***, every prospective volunteer is required to confirm their personal commitment to volunteer with a monthly Willow House group for a minimum of one year and to sign a commitment letter to that effect.

If you have questions or need additional information, please contact Willow House at 847.236-9300 extension 200 or by email to [gretchengrassl@willowhouse.org](mailto:gretchengrassl@willowhouse.org).

**Thank you for your interest in becoming a Willow House Volunteer Facilitator!**

Please return your completed application to the address or by fax as listed below:

Willow House  
302 Saunders Road, Suite 200  
Riverwoods, IL 60015  
Attention: Volunteer Coordinator  
Phone: 847.236-9300 Fax: 847-236-9301