

Dear Friend:

Thank you for requesting information about our “Grief and Loss Volunteer Facilitator Training”. We are pleased that you are interested in joining our organization.

Please carefully consider the following points before applying for the training.

- **Our “Volunteer Facilitator Training” is for those volunteers who intend to be a facilitator for at least one year in a support group run by Mott Children’s Health Center. Support groups are held at Cedar Street Children’s Center.**
- **If you have experienced a death within the last year, we ask you to discuss this with us before applying, since this training can be an intense experience for newly bereaved persons.**
- **In order to become a facilitator, you will be required to attend 16 hours of training.**
- **Completion of the training is not a guarantee that you will be accepted as a facilitator. The training is followed by an individual placement interview.**
- **If you are accepted as a facilitator, you will co-facilitate a children’s group that meets every other week. You will be making a 3 ½ hour time commitment each time the support group meets.**
- **All volunteers through Mott Children’s Health Center, prior to starting their volunteer work, are required to have a TB and drug screen, criminal background check, as well as, a note from their physician stating they are physically and mentally capable of carrying out the role they are volunteering for.**

To apply, please complete both sides of the “Facilitator Training Application” form. Then, mail to “Cedar Street Children’s Center at 924 Cedar Street, Flint, MI 48503 attn: Coordinator of Grief and Loss Support Services. Following receipt of your application, you will be notified of the next scheduled Grief and Loss Facilitator Training.

If you would like additional articles to read regarding helping grieving children or a form from The National Center For Grieving Children and Families to order other information on grief and loss, contact (810) 237-8692 at Cedar Street Children's Center.

Thank you for considering becoming a volunteer facilitator. Your participation can make a lasting difference in the lives of grieving children, teens and adults.

Sincerely,

Kathleen Reid, LMSW
Coordinator of Grief and Loss Services

Volunteer Facilitator Training Application

Mail to: Cedar Street Children's Center, 924 Cedar St., Flint, MI 48503

Name:	Birth date:
Home Address:	Home Phone: ()
Emergency Contact Name:	Emergency Phone: ()
Your Employer:	Work Phone: ()
Please list which days of the week/weekend that you would be most available to participate in training.	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.

Please check below:

____ I understand that I am required to attend a 16- hour Volunteer Facilitator Training before I can become a facilitator in a peer support group sponsored by Mott Children's Health Center.

____ I understand that Mott Children's Health Center reserves the right to accept or reject any potential trainee as a facilitator even after he/she has completed the 16-hour training.

____ I understand that this training is offered **only** to those who intend to volunteer for at least one year as a facilitator of a peer support group sponsored by Mott Children' Health Center and that the minimum commitment is for 3 ½ hours per session in a group that meets every other week.

____ I understand that if am accepted as a facilitator, I will be asked to complete a MCHC Volunteer Placement Application Form, criminal background check, TB test, drug screen, as well as, a statement by my physician stating that I am physically and mentally able to carry out the responsibilities of a grief and loss support group facilitator.

Signature _____ Date: _____

(Please turn over and complete the questions on the back)

- 1. Please provide information about the deaths and other losses you have experienced.**

- 2. Please tell us your reasons for applying, including what you hope to gain personally from this training and volunteering as a grief and loss support group facilitator through Mott Children's Health Center.**

- 3. Describe any previous training you have had related to the grieving process.**

- 4. Describe your personal, professional, and/or volunteer experiences with children, teens, and adults.**

- 5. Below are the times, days, and age groups. Please, check your availability and preferences. Groups meet every other week, but do not meet from mid-July through mid-September.**

<input type="checkbox"/> Tuesday	<input type="checkbox"/> 4-7:30 p.m.	(children 6 to 10; 11 to 14 and 15 to 19)
<input type="checkbox"/> Wed.	<input type="checkbox"/> 9 a.m.-12:30 p.m.	(children 3 to 5 yrs. Old)
<input type="checkbox"/> Thurs.	<input type="checkbox"/> 4-7:30 p.m.	(children 6 to 10; 11 to 14 and 15 to 19)