

Rick's Place Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Alternate Phone: _____ Email: _____

Date of Birth: _____ Emergency Contact: _____

Serious Medical Conditions: _____

How did you hear about volunteering at Rick's Place: _____

Employment/Volunteer History

(Please feel free to write on the back or attach additional sheets if more room is needed)

Employer	Location (City/State)	Occupation/Title	Date(s)

Please circle your responses to the following questions:

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Have you ever been arrested for a sex offense or physical assault? Yes No

If yes, please explain:

I am willing to commit to *Rick's Place* for one complete "season", will be present for 4 hours at each session, and have a maximum of 2 absences. Yes No

I can commit to additional volunteer hours (up to 1 hour) for group planning. Yes No

I am available to help out in other ways (i.e. event planning, outreach)? Yes No

I hold up-to-date certification in CPR/First Aid? Yes No

Please complete the following questions and feel free to attach additional papers as needed.

Please list all education and experiences (work or volunteer) with children. Please include teaching, childcare, camp counseling etc.

Please tell us why you are interested in volunteering at Rick's Place.

Have you had a family member or close friend die within the last year? Please explain.

Have you been affected by another kind of major loss or change with the last year? Please explain.

Have you had a family member/close friend die or another kind of major loss or change within your life? Please explain.

Have you ever had first-hand experience with counseling or support groups?

Please list the names, addresses and telephone numbers of 2 references:

1. _____

2. _____

- Because our first concern must be the families who come to *Rick's Place*, we reserve the right to decide whether an applicant would fit with our program needs. By signing this application, you are agreeing to that policy as well as to reference and background checks.
- While a facilitator at *Rick's Place*, you are agreeing not to date *Rick's Place* family members and to participate in all *Rick's Place* activities drug and alcohol free.
- Further, you are confirming that all statements made on this application are correct and that you know of no reason that would prevent you from being a qualified facilitator at *Rick's Place*.
- Finally, you are acknowledging that acceptance to the *Rick's Place* volunteer training does not guarantee a position as a *Rick's Place* facilitator.

If you agree to these conditions of application, please sign below.

Signature

Date

Note: Practicing therapists and counselors will be asked to make a deposit of \$ 100 for the initial facilitator training, which shall be refunded if the therapist/counselor completes one year of service with the program or at the Director's discretion (if there is agreement not to continue the volunteer's relationship with Rick's Place).