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# Registration for Good Grief's Facilitator Training

*Training to become better listeners and a caring presence in our community*  
38 Elm Street | Morristown | NJ | 07960 • 908-522-1999 • [www.good-grief.org](http://www.good-grief.org)

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*...where New Jersey's grieving children come to heal*

[volunteer@good-grief.org](mailto:volunteer@good-grief.org)

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# Note to Interested Trainees

Thank you for your interest

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We at Good Grief are delighted that you are interested in becoming a Good Grief Facilitator. Good Grief's mission is dependent on the compassion and creativity of its volunteers. A facilitator has many characteristics, but the most noticeable attribute is empathetic listening. The role of a facilitator is to facilitate the expression of emotions and stories within a support group. A support group consists 10 participants, all of which are similar in age. Support groups are intended for children, teens, young adults, and adults to express their emotions and mourn with other people experiencing a similar loss. Support groups do not consist of counseling or therapy, and our objective is not to "fix" children or their families.

We require facilitators to make a one year commitment, meeting twice a month for 4 hours. We support our facilitators with a one hour Preparation Group, a time to reflect on the evening and get support with other facilitators, before meeting with their group on a Night of Service. After facilitators meet with their group, they will have time to reflect on the night with their co-facilitator, sharing and discussing their role and those confidential things that cannot leave the Good Grief Center. Finally, the Night of Service concludes with an hour Post Group, which is a time for all the facilitators to convene. The Post Group is fundamental to the facilitator's self-care, and it is a time to share how the evening has affected the facilitator. The structure of a Night of Service is intended to create a safe space for all participants and their facilitators, while also allowing facilitators to hear painful and joyful stories as empathetic listeners, without the evening having detrimental effects on the facilitator's personal life.

If the role of a facilitator interests you, we welcome your application and look forward to further speaking with you. If this role does not meet your talents and abilities, you may still be a part of Good Grief in other capacities. We always welcome questions and concerns. Please feel free to share this information with anyone you think might be interested. Again, thank you for your interest in the mission and making a difference!

# Training Registration

**Good Grief, Inc.** is an equal opportunity Organization. Applicants to volunteer are considered for participation without regard to race, color, National origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law. **Good Grief** will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities. **Good Grief** is committed to selecting volunteers based on their character, ethics, interest and ability to participate in our Programs. It is imperative that the character and reputation of our volunteers be above reproach. **Good Grief** will perform background checks on all volunteers, and verify information from references. This is for the protection of our employees, volunteers, and Program participants.

*Please print and answer all questions*

## General Information

The total \$150 training fee is included to reserve my spot

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City*

*zip*

Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employment: \_\_\_\_\_ Work No. (\_\_\_\_\_) \_\_\_\_\_

Area code

Can we call you at work?  Yes  No Hours at Work: \_\_\_\_\_

I am available to volunteer \_\_\_\_\_ hours per month

I am available to volunteer \_\_\_\_\_ hours per week

When are you available to start volunteering at Good Grief?

\_\_\_\_\_

Have you filed an application here before?  Yes  No

If yes, give date(s) \_\_\_\_\_

## Personal References

Personal References: Please list the names and e-mail addresses of four references, and include the nature of your relationship. You will follow-up with these individuals after the training, asking them to submit a written letter of reference.

| <b>Name</b> | <b>Relationship</b> | <b>e-mail</b> | <b>Phone</b>         |
|-------------|---------------------|---------------|----------------------|
| _____       | _____               | _____         | (____) _____         |
| <i>Name</i> | <i>Relationship</i> | <i>e-mail</i> | <i>Telephone No.</i> |
| _____       | _____               | _____         | (____) _____         |
| <i>Name</i> | <i>Relationship</i> | <i>e-mail</i> | <i>Telephone No.</i> |
| _____       | _____               | _____         | (____) _____         |
| <i>Name</i> | <i>Relationship</i> | <i>e-mail</i> | <i>Telephone No.</i> |
| _____       | _____               | _____         | (____) _____         |
| <i>Name</i> | <i>Relationship</i> | <i>e-mail</i> | <i>Telephone No.</i> |

Have you ever been asked to resign from any volunteer position?

Yes  No

If yes, please state the organization

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime?

Yes  No

# Previous Volunteer Commitments

Please list all volunteer experiences, particularly those which involved working with children.

## *Organization*

## *Volunteer Dates*

|                                                                        |                  |                                          |
|------------------------------------------------------------------------|------------------|------------------------------------------|
| Name of Organization:<br>Address:<br><br>Phone:<br><br>Contact Person: | From:<br><br>To: | Kind of Work:<br><br>Reason for leaving: |
| Name of Organization:<br>Address:<br><br>Phone:<br><br>Contact Person: | From:<br><br>To: | Kind of Work:<br><br>Reason for leaving: |
| Name of Organization:<br>Address:<br><br>Phone:<br><br>Contact Person: | From:<br><br>To: | Kind of Work:<br><br>Reason for leaving: |
| Name of Organization:<br>Address:<br><br>Phone:<br><br>Contact Person: | From:<br><br>To: | Kind of Work:<br><br>Reason for leaving: |
| Name of Organization:<br>Address:<br><br>Phone:<br><br>Contact Person: | From:<br><br>To: | Kind of Work:<br><br>Reason for leaving: |
| Name of Organization:<br>Address:<br><br>Phone:<br><br>Contact Person: | From:<br><br>To: | Kind of Work:<br><br>Reason for leaving: |

May we contact the Organizations listed above?  Yes  No

If no, please indicate which ones and state the reason why.

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## Reasons for Wanting to Volunteer @ Gg

**Please type and attach your responses**

1. Please tell us why you are interested in being a volunteer at Good Grief.
2. Describe any training you have had related to grief.
3. Does your experience include the loss of a family member or loved one through death? If so, who and how recently?
4. What do you hope to gain personally as a result of volunteering at Good Grief?
5. What do you like to do for fun?
6. Please share anything else you would like us to know about you . . .

# *Applicant's Statement*

PLEASE INDICATE THAT YOU HAVE READ AND THAT YOU UNDERSTAND EACH PARAGRAPH OF THIS APPLICANT'S STATEMENT BY PLACING YOUR INITIALS BESIDES EACH PARAGRAPH.

\_\_\_\_\_ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. In making this application, I understand that information as to my character, general reputation, and personal characteristics will be taken into consideration. I consent to this review and to the consideration of any statements of references or former employers are given in response to the inquiry.

\_\_\_\_\_ I hereby release all parties, including Good Grief, Inc. and references, from liability for any injury or damage that may result from their furnishing information concerning me or any decision Good Grief, Inc. makes on the basis of such information.

\_\_\_\_\_ I understand that the questions and inquiries in this application are for the safety of Good Grief staff, volunteers, and, most importantly, families enrolled in Good Grief Peer-Support Groups.

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_

Signature of Applicant