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# Good Grief's 12-hour Facilitator Training Registration

*Training to become better listeners and a caring presence in our community*

[WWW.GOOD-GRIEF.ORG](http://WWW.GOOD-GRIEF.ORG)

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**GOOD GRIEF™**

PUTTING THE **GOOD** IN **GRIEF** WITH  
COMPASSION, SUPPORT & COMMUNITY

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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 of a maximum of 12 participants, all of whom 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 nine week commitment, meeting each week for three and a half hours. We support our facilitators with a half hour Pre-Group, which is a time to reflect on the evening and get support with other facilitators, before meeting with their group on a Night of Support (NOS). 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 NOS concludes with a half 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 is a time to share how the evening has affected the facilitator. The structure of an NOS is intended to create a safe space for all participants and their facilitators, allowing facilitators to hear painful and joyful stories as empathetic listeners, without the evening having detrimental effects on the facilitator's personal life. All aspects of the NOS are required.

If the role of a facilitator interests you, we welcome your application and look forward to speaking further with you. If this role does not meet your talents and abilities, please let us know. We always welcome questions and concerns. Feel free to share this information with anyone you think might be interested. Again, thank you for your interest in the mission of Good Grief.

With gratitude,

  
Joseph Primo, M.Div.  
CEO

Return forms to: 38 Elm Street, Morristown, NJ 07960 or [Whitney@good-grief.org](mailto:Whitney@good-grief.org)

# 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 answer all questions*

## General Information

The total \$75 training fee is included (this fee reserves your spot and is non-refundable)

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

Name to be printed on name tag (first name): \_\_\_\_\_

Name to be printed on training certificate (full name): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

I am available to facilitate weekly for all 9 cycles.  Yes  No

I am available to start following the training.  Yes  No

Do you speak Spanish fluently (not required)?  Yes  No

How did you learn about this opportunity: \_\_\_\_\_

## Personal References

Please list the names of three personal references, and include the nature of your relationship. References will be contacted via email after you complete the training.

Name	Relationship	E-mail

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  
 If yes, please explain:

## Previous Volunteer Commitments

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

<i>Organization</i>	<i>Volunteer Dates</i>	<i>Details</i>
	From:  To:	Kind of Work:  Reason for leaving:
	From:  To:	Kind of Work:  Reason for leaving:
	From:  To:	Kind of Work:  Reason for leaving:
	From:  To:	Kind of Work:  Reason for leaving:
	From:  To:	Kind of Work:  Reason for leaving:

# Reasons for Wanting to Volunteer at Good Grief

Please type your responses

Please tell us why you are interested in being a volunteer at Good Grief.

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Describe any training you have had related to grief.

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Does your experience include the loss of a family member or loved one through death? If so, who and how recently?

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What do you hope to gain personally as a result of volunteering at Good Grief?

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What do you like to do for fun?

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Please share anything else you would like us to know about you . . .

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## Applicant's Statement

Please indicate that you have read and understand each paragraph by placing your initials besides each line.

\_\_\_\_\_ 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.

\_\_\_\_\_ I understand the nine-week volunteer commitment and intend to attend the entire Facilitator Training.

\_\_\_\_\_ I am submitting this registration without undisclosed motivations or purposes for self-gain, i.e. coursework, career advancement, or other professional motives, and my participation and contribution to the organization is strictly to facilitate and provide support to grieving children and families.

\_\_\_\_\_ I understand that the \$75 training fee is to offset the cost of the training and that it reserves my spot in the training, making it non-refundable if I withdraw my registration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant