



VOLUNTEER INFORMATION

Dear Volunteer Applicant,

A Caring Hand, The Billy Esposito Foundation has provided educational scholarships and funded bereavement centers since it began in 2002. We have now embarked on a special mission to provide bereavement services to children and families in our own Manhattan Bereavement Center. We know there are many people in our community with caring hands who believe in our cause. We appreciate and need your time and support of bereaved children and families. We are recruiting volunteers in the following areas.

Volunteer Group Facilitator

Our child, teen and caregiver groups are the heart of our program. One evening a week for 8 weeks, children of a similar age meet together while their caregivers meet in their own group. The groups are co-facilitated by a volunteer and mental health professional. Requirements and commitment:

- ◆ 1 year commitment is required to co-facilitate our group sessions
- ◆ the 8 week session runs 3 times per year, attendance at all sessions is needed
- ◆ completion of application & information interview
- ◆ attendance at 12 hour training
- ◆ we welcome volunteers with a range of experience

Volunteer Helper

We always need extra hands on deck for various short term projects throughout the year. The projects range from stuffing envelopes and answering phones to doing outreach in the community. Certainly if you have a particular skill or specific time you would like to help out you should certainly let us know. We also rely on volunteers to help with our annual spring fundraiser.

Requirements and commitment:

- ◆ varies to fit your needs and our projects
- ◆ completion of application & information interview

Procedure

Those wishing to volunteer, receive an application, and set up a pre-training interview can **call 212-229- CARE (2273)** or **e-mail RobinGoodman@acaringhand.org**. Applications can also be obtained at www.acaringhand.org and once completed can be sent via post or e-mail prior to the interview. We look forward to hearing from you.



VOLUNTEER APPLICATION

Procedures

- All volunteers must complete
 - an application and background check
 - a pre-interview
- Volunteer group facilitators must also
 - attend 12 hours of training, held once a year. Upon completion of the training, the staff and volunteer determine the best fit for placement. Training does not guarantee assignment as a facilitator.
 - submit a \$20.00 non-refundable training fee to cover the cost of materials and supplies prior to training. If this is a hardship, please speak with the staff.

Instructions

- Complete all portions of the application and background check and mail directly to:
A Caring Hand, The Billy Esposito Foundation, Inc.
305 Seventh Ave. 16th Floor, New York, NY 10001
or email to RobinGoodman@acaringhand.org
- The background Central Register Database Check Form can be obtained at
<http://www.ocfs.state.ny.us/main/Forms/cps/LDSS-3370%20Statewide%20Central%20Register%20Database%20Check.pdf>
- Once completed, call 212.229-CARE (2273) to schedule an intake interview
- Following preliminary acceptance, group facilitator candidates will attend training
- Check the position you are seeking (you may check one or both):
 - Volunteer group facilitator
 - Volunteer helper
- Check below and sign:
 - I understand that in order to become a volunteer group facilitator I must complete all procedures and training.
 - I understand that A Caring Hand Bereavement Center reserves the right to place me as a volunteer group facilitator or offer me another volunteer position as they see fit following the application process and/or training.
 - I understand that if I am accepted as a volunteer group facilitator and commit to serve in this capacity, it is a one year commitment for three 8 week sessions. Each weekly session will require my attendance for 3 ½ hours.
 - I understand a background check is required of all those accepted as a volunteer group facilitator.
 - I authorize A Caring Hand to contact those references I provide.

Signature

Date

PESONAL INFORMATION

Continue on back pages or attach additional pages as needed throughout

- 1. Name _____
- 2. Address _____
City _____ State _____ Zip code _____
- 3. Phone (w) _____ (h) _____ (c) _____
- 4. E – mail _____
- 5. Date of birth _____
- 6. Emergency contact name _____
Emergency contact number _____

BACKGROUND

- 7. Current place of employment and position

- 8. High School _____ Date graduated _____
College _____ Degree _____ Date _____
Post College _____ Degree _____ Date _____
- 9. List any previous volunteer and/or child, teen, family related experience
Place _____ Date(s) _____
Place _____ Date(s) _____
Place _____ Date(s) _____
Place _____ Date(s) _____

PERSONAL STATEMENT

10. Why do you want to become a volunteer?

11. What would you like to gain from being a volunteer?

12. What strengths do you bring to A Caring Hand?

13. What is your personal bereavement history?

Relationship of person who died _____ Date _____

Relationship of person who died _____ Date _____

Relationship of person who died _____ Date _____

14. Do you have any personal medical or mental health history that might impact your ability as a volunteer? If so, describe.

15. List three people (non- family members) who have known you at least 1 year as a reference

(1) Name _____ Day phone _____

Address _____

E-mail _____

(2) Name _____ Day phone _____

Address _____

E-mail _____

(3) Name _____ Day phone _____

Address _____

E-mail _____



CONFIDENTIALITY AGREEMENT

A Caring Hand The Billy Esposito Bereavement Center does everything possible to provide a safe and nurturing environment for bereaved children and families. It is crucial that all those who attend the center are treated in a respectful way and that they can trust those who help them with their grief. All participants have the right to have their feelings and personal information protected and kept confidential. Maintaining confidentiality means that information about a child or family member is not shared outside of the group or center with those not affiliated with the center.

There are two exceptions to when information is communicated to others.

1. Following group session, in a supervisory context, information about group participants can be shared only with other staff and volunteers. This should be done without divulging a child or family's name.
2. In the course of working with children and families, a participant may reveal very personal information that, in very specific circumstances, must be shared. In cases of abuse, suicide, or the potential and threat of harming another person is discussed, it is the volunteer's responsibility to notify the appropriate mental health professional so a plan can be made.

I have read the above and agree to follow these guidelines.

Name (print)

Signature

Date