



CHILDREN'S
BEREAVEMENT
CENTER RIO GRANDE
VALLEY

Volunteer Application

Date: _____

Name: (PLEASE PRINT) _____

Street Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail address: _____

Date of Birth: Month / Day / Year _____

Place of Employment: _____

Have you ever been charged with, pleaded guilty to, or been convicted of a criminal offense (excluding minor traffic violations) _____ If yes, please explain: _____

Do you give permission for a criminal background check? Yes ____ No ____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

Please describe any allergies or medical conditions: _____

What led you to the Children's Bereavement Center Rio Grande Valley? (check all applicable)

- Interest in Volunteering
- School
- Referred by Current Volunteer or Family
- Friends Event
- Brochure
- Other:
- Past Personal Experience
- Funeral Home
- Heart Strings Newsletter
- Web Site
- Social Media

Have you ever done volunteer work before? ____ Yes ____ No If yes, please explain below.
Please note, successful history of work/volunteering with children required.

Tell us about the strengths you bring to the Center:

What are your goals while volunteering at the Center?

Have you experienced any major death loss in your lifetime? _____ If yes, who died, when and how?

Have you experienced any death loss in the last year? _____ If yes, who died, when and how?

Have you experienced any other major losses (grief experiences) in the last year? _____ If yes, please explain:

In what way(s) would you like to volunteer for the Center? Please check your area(s) of interest:

Support Group Facilitator Support Group House Warmer Potluck Partner
 Friends of the Center Board Member Special Events
 Student Intern Other:

STUDENTS ONLY

Are you a student looking for practicum or intern hours? Yes No

School: _____ Major: _____

Number of hours needed: _____ Semester to be completed: _____

Will you need on-site supervision? Yes No

How would you rate your knowledge regarding grief?

Excellent _____ Good _____ Fair _____ Poor _____

Have you ever been notified by your University of a Fitness to Practice violation? Yes No

If you are notified by your University of a Fitness to Practice review, you must notify your Site Supervisor immediately.

Thank you for your interest in volunteering with the Children's Bereavement Center Rio Grande Valley. The Center continues to thrive due to the generosity of individuals like you who give of their time, talent and treasures.
Please return the completed form to the address or email address listed below:

The Children's Bereavement Center Rio Grande Valley
2302 S. 77 Sunshine Strip, Ste. 202
Harlingen, TX 78550
Phone: 956-368-4065
Fax: 956-734-5335
Attention: Cindy Waddle at cwaddle@cbc-rgv.org

CONFIDENTIALITY STATEMENT

Children, teens and families who come to the Center are extremely vulnerable and in the midst of beginning again after a death has rocked their very lives.

As volunteers or staff, you become a piece of the healing process for the children, teens and families. They open their hearts and share precious thoughts, feelings, deeply personal situations and experiences. They share facts and feelings in group that may be upsetting. Often, they've not shared these pieces of themselves anywhere else -- not with other family, friends or relatives. They share at the Center what they're not ready to share anywhere else -- or what they may not want anyone else to know.

It is a HIGH responsibility to hold the thoughts, feelings and experiences shared with you in a sacred trust. All information shared by children, teens, families and other facilitators is confidential and not be shared outside of the Center briefing and debriefing. It is not to be discussed with our own families, friends or relatives.

There are five exceptions to preserving confidentiality and they are:

1. Any indication of suicidal expression.
2. Any indication of physical, mental, sexual abuse and/or neglect.
3. If there is any reason to be concerned about the drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent.
4. If there is information ordered by the court, including a subpoena, we will attempt to contact the party named in this order. If the release of information is opposed, a court may, nevertheless, require compliance with this order.
5. If we learn that someone participating at the Center might commit an act of violence. In this case, we must take steps to protect the intended victim against such danger, inform the police or both.

Volunteers who suspect that a person may harm him/herself or another, or that other conditions exist in a family that are beyond the scope of our services, are, with the child's, teen's, or adult's knowledge, to inform the Program Coordinator **immediately** during group time before debriefing and **before the family leaves the Center that evening**. The Program Coordinator will assess the severity of the issue and refer to emergency services if appropriate.

Volunteer Signature

Date

Staff Signature

Date