

Volunteer Group Leader Application

Name_____

Date_____

Address_____

CellPhone_____

Email_____

Date of Birth _____

Emergency

Contact_____

How did you hear about volunteering at OUR VILLAGE? Friend/Colleague (please specify)

_____ Internet ___ OUR VILLAGE Website ___ Professional publication ___

Other: _____

Please complete the following information:

Current Employer_____

Occupation_____

Employer Address_____

Employer phone_____

Related work or volunteer

experience_____

Please tell us why you would like to volunteer for OUR VILLAGE:

____I am able to commit to co-leading a group and attending every weekly session for 14 weeks (non-consecutive)

Please indicate which group(s) you are most interested in co-leading (check as many as you like).

____PEERS Teenager and Parent Social Skills Group ___ Elementary Age Play and Social Skills Group
for Children and their Mentor Peers

Please indicate days of availability. Indicate Start and End times you are available for day and/or evening:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please list three references (two professional) that you've known for a minimum of two years:

Name	Address/or email	Telephone #	Relationship
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

___ I understand that volunteering does not guarantee an assignment as a permanent group leader/ intern/or employee.

___ I agree that as a group volunteer, I will not accept group members or their families into my private practice or business, or solicit group members as social contacts.

___ I agree that as a group volunteer, I will keep names and information related to group members private and CONFIDENTIAL.

Signature _____ Date _____