



Bereaved Families of Ontario – Midwestern Region Volunteer Facilitator Application Form

Please print clearly. The information provided on this application form will be kept confidential. If you have any questions about the form, please contact the BFO Office at 519-894-8344 or email rose@bfomidwest.org

Contact Information: please provide us with addresses and phone numbers only where it is okay to call/write to you.

_____ first name _____ last name _____ initial

_____ apt./street no. and street address _____ city _____ postal code

(____) _____ - _____ home phone (____) _____ - _____ work phone (____) _____ - _____ fax number

(____) _____ - _____ mobile phone _____ email address

Skills Information: please enclose a resume if available

Employment History (current and recent past)

(company/agency/institution) (position held) (dates)

Volunteer History (current and recent past)

(company/agency/institution) (position held) (dates)

Education or Field of Study

(school) (degree/certificate/program) (dates)

Languages you speak and/or write with ease: _____

over

Volunteer Facilitator Roles you are interested in. Please check all that apply:

<input type="checkbox"/> Facilitating Support Groups – Baby Loss Group	<input type="checkbox"/> Telephone support with new members
<input type="checkbox"/> Facilitating Support Groups – Child Loss Group	<input type="checkbox"/> Programming Advisory Committee (PAC)
<input type="checkbox"/> Facilitating Support Groups - Subsequent Pregnancy Group	<input type="checkbox"/> Researching and creating referral resources
<input type="checkbox"/> Facilitating Support Groups - Monthly Parent Support Evenings	<input type="checkbox"/> Researching/Writing Articles
<input type="checkbox"/> Facilitating Support Groups - Men's Group	<input type="checkbox"/> Research/review Internet resources
<input type="checkbox"/> Public speaking - to Community Groups	<input type="checkbox"/> Front Desk/Telephone monitoring during office closure
<input type="checkbox"/> Public speaking - Growing Through Grief	<input type="checkbox"/> Staff information tables at community events
<input type="checkbox"/> One-to-one support with new members	<input type="checkbox"/> Professional Advisor to Support Groups
<input type="checkbox"/> Preschool Support (3-6 & their parents)	<input type="checkbox"/> Other:
<input type="checkbox"/> Board of Directors	

Other skills or resources, which might benefit your work at BFO: _____

Availability:

How many hours per week (approx.) are you available to volunteer? _____

Are you available: mornings afternoons evenings weekends

Do you see yourself volunteering: less than 1 year more than 1 year

Please tell us why you'd like to volunteer at Bereaved Families of Ontario-Midwestern Region:

If you are applying to be a facilitator, please check one:

- I am a BFO-MR member who is willing to commit to facilitating and/or providing peer support for BFO Programs over the next year.
- I am enrolling in this training for my own personal or professional enrichment and will remit the \$150.00 tuition. (A cheque payable to Bereaved Families of Ontario-Midwestern Region is enclosed with this form.)

References:

I give my permission for BFO-Midwestern Region to contact the following two people (please list people other than family members) to do a reference check about my suitability to volunteer. (i.e. former or current employers or volunteer supervisors, close friends, colleagues):

Name	Telephone Number	Relationship to you

Signature:

Date: