



Volunteer Facilitator Application

Volunteer Contact Information

First name: _____ Last name: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Are you over 18? Yes No

Employer: _____

Primary phone: _____ Cell Home Work

Alternative phone: _____ Cell Home Work

Email: _____

Preferred method of contact (check all that apply): Email Home phone Work phone
 Cell phone: Text Voicemail

Emergency contact name: _____ Relationship: _____

Emergency contact phone: _____ Cell Home Work

Volunteer Health Information

Any health problems we should be aware of? No Yes: _____

Any special dietary needs? No Yes: _____

Any allergies staff need to be concerned about? No Yes: _____

Any medications needed during Camp Amanda the Panda*? No Yes: _____

*At Amanda the Panda, your health is of utmost concern to our volunteers and staff. Please inform us of any medication needs that will take place during your participation at Camp Amanda (example: rescue inhaler for asthma, as needed with physical activity). Adult participants are responsible for their own medication administration.

Education History *(Selection of volunteers is not based on education/license.)*

Are you presently attending school? If yes, please complete the information below:

Name of School: _____ Field of Study: _____

Anticipated Graduation Date: _____ Will you received academic credit for this volunteer work? _____

Please check those that you've completed: provide year graduated and field of study for each:

High School Diploma/GED: _____ Bachelor's Degree: _____

Specialized Training: _____ Master's Degree: _____

Associated Degree: _____ Doctorate: _____

Professional Licenses and/or Certifications:

Type: _____ State: _____ Date: _____ Number: _____

Type: _____ State: _____ Date: _____ Number: _____

Which volunteer opportunity are you interested in? *(check all that apply)*

Camp Counselor Support Group Facilitator

What age groups are you comfortable working with? *(check all that apply)*

Kindergarten-2nd Grade Middle School (6th-8th) Young Adults (18-24)

3rd-5th Grade High School (9th-12th) Adults (18+)



Bereavement History Please indicate significant losses that you have experienced.

(We recommend waiting at least a year post death before volunteering at Amanda the Panda)

Who Died	Month & Year of Death	Your Age	Cause of Death

Have you been an Amanda the Panda participant of in the past? When? (check all that apply, and provide the year you attended) *We recommend waiting at least a year after support group or camp before facilitating a group.*

- Support Group: _____
 Camp Amanda the Panda: _____
 Friends and Family Nights: _____
 Fun Days: _____
 Cheer Box: _____
 Other: _____

Have you volunteered with Amanda the Panda in other capacities? If yes, please explain the opportunity and when it was.

Please tell why you are interested in volunteering as a facilitator/counselor at Amanda the Panda?

Describe any previous training you have had related to the grieving process.



Have you ever facilitated a support group? If so, please describe:

Describe your experience working with children, teens, and/or adults in any capacity (personal, professional, or volunteer):

Please list specific skills, interests and personal background you believe will be helpful as a volunteer facilitator.

How did you hear about Amanda the Panda?

- | | | |
|---|--|---|
| <input type="checkbox"/> Amanda the Panda Website | <input type="checkbox"/> Friend or family member | <input type="checkbox"/> Previously received services |
| <input type="checkbox"/> Mental health professional | <input type="checkbox"/> Volunteer Match | <input type="checkbox"/> United Way's Volunteer Website |
| <input type="checkbox"/> Volunteer Local | <input type="checkbox"/> Work | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Other: _____ | | |

Optional Demographic Information *The information collected below is optional. It is used only to better understand our volunteer force.*

- Gender:** Male Female **Age:** 18-25 26-35 36-45 46-55 55+
- Ethnicity:** Hispanic Non-Hispanic I prefer not to answer
- Race:** White Black or African American American Indian or Alaskan Multi-racial
 Asian Native Hawaiian or Other Pacific Islander
 Other: _____ I prefer not to answer

TURN OVER – Sign Next Page

Acknowledgment

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be accepted to serve as a volunteer for Amanda the Panda.

I authorize Amanda the Panda to investigate all statements contained in this volunteer application to include criminal, child and dependent adult abuse information as well as my character and qualifications. I release Amanda the Panda from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

If accepted to serve as a volunteer, my service can be terminated at will, with or without a showing of cause, and with or without notice by either myself or Amanda the Panda. I agree that if accepted to serve as a volunteer, I will abide by all policies, procedures, rules and regulations established by Amanda the Panda.

The use of tobacco is restricted throughout facilities, offices and vehicles operated or owned by HCI Care Services. I understand that tobacco use by employees and volunteers is prohibited anywhere on the grounds of any HCI Care Services location or at any time employees and volunteers are representing HCI Care Services. Employees and volunteers may not smoke or use any type of tobacco product on paid time or in service as a volunteer at any time or any location.

I also understand that if I am offered service as a volunteer, the offer is conditioned on acceptable criminal/abuse background check paid by Amanda the Panda.

Volunteer printed name

Volunteer signature

Date

Amanda the Panda does not discriminate in hiring or any other decision on the basis of race, creed, color, sex, sexual orientation, gender identity, citizenship, national origin, religion, veteran status, genetic information, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

Next Steps – Return the application to our office **one** of the following ways:

- Click the submit button below to email it to our office
- Save the pdf and attach it to an email and send to info@amandthepanda.org
- Print and mail the application to: Amanda the Panda, 1821 Grand Avenue, West Des Moines, IA 50265