



# Companions on a Journey

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## GRIEF SUPPORT

### Volunteer Application

Date: \_\_\_\_\_

Volunteers are an integral part of any Non-Profit organization. Companions on a Journey's mission is to provide ongoing support and life balance for the bereaved in families, schools, businesses and organizations, with faith, hope and love: one child, one teen, one adult, one family at a time.

Volunteers at COJ can choose from a variety of opportunities:

Group Facilitators: Requires attending specialize training.

- Peer Support
- Fund Raising
- Special events
- Administration and operations

Interested individuals must meet with our staff for an interview prior to education and training sessions. Depending on the role to be filled, and the type of volunteer my require you to submit your Resume

By submitting my Resume, I affirm that the facts set forth are true and complete. I understand that if I am accepted as volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my withdrawal for Companions on a Journey Grief Support Inc.

#### Our Policy

COJ is a Faith Based Organization, and considers well-being of the individual grieving as its top priority. COJ will provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability. Acceptance into and completion of volunteer training does not imply or guarantee acceptance into the COJ Volunteer Program.

Please read our

- Conflicts of Interest Policy & Conflict of Interest Disclosure
- Child Protection
- Safety Policy
- Donation, Sponsorship, and Advertising Standards and Guidelines,
- Gift Acceptance Policy
- Employee Handbook and agree with the above Policy statements

For more information about volunteering for Companions on a Journey Grief Support Inc. and how to submit your volunteer resume please call Sheila Munafa-Kanoza at (513) 870-9108. Sheila may also be contacted via e-mail at. [shela@companionsonajourney.org](mailto:shela@companionsonajourney.org)



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## GRIEF SUPPORT

**PERSONAL INFORMATION:**

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Occupation: Title: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

(PLEASE PHOTOCOPY YOUR DRIVER'S LICENSE & SEND IN WITH APPLICATION)

*In Emergency, Please Notify:*

Name (Last, First): \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**EDUCATION:**

Name of School(s)                      Attended No. Years    or    Degree Courses or Major

\_\_\_\_\_  
\_\_\_\_\_

Other Educational Experience (including workshops, training programs, seminars, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**SKILLS:**

Please indicate any special skills in which you have been trained / licensed (e.g. R.N., Computers, Hairstylist, etc.):

\_\_\_\_\_  
\_\_\_\_\_



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**TIME AVAILABILITY:** *(please check all times that apply)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Event Only*							

**\*these volunteer positions do not require attendance at an education session**

**VOLUNTEER AREA(S) OF INTEREST:** *(please check the volunteer areas of interest to you)*

- Office Support, Administration Asst.
- Newsletter, brochures, printed material
- Weekly Set-up for group's
- Facilitate Adult Groups
- Teen in grief Facilitation Groups
- Mending Hearts Children's Program
- Gala Fundraiser Support
- Social Outreach
- Travel Club coordinator
- Coordinate and/or participate in Annual Appeal to include creating Annual Appeal letter, sending to membership, receiving, tracking, sending thank you for Annual Appeal donations.
- Sending out official "Thank You" to people and organizations who have made donations
- Phone communication
- Marketing and Fundraising
- Take minutes at COJ Board meeting.
- Volunteering at yearly Events\*
- E-mail Communication
- Grant Writing
- Media/ Facebook/Twitter/website
- Updating COJ membership and email lists.
- Advertising

**QUESTIONS:**

1. Why do you wish to be a COJ Volunteer?

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2. Describe your personal experience with death and loss. (Have you experienced any deaths in your family or of those close to you? If yes, please specify the relationship and when they died.):

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3. Please list any previous volunteer experience:

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4. Do you have any physical or medical conditions that may limit your ability to participate in certain activities?

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5. Have you ever been convicted of a felony? \_\_\_\_\_

**Reference**

Name of Reference: \_\_\_\_\_

Relationship: \_\_\_\_\_ how long have you known him/her? \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Agreement**

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I have read and agree with the above Agreement and Policy statements.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_