



Application for COJ Board, Employee, or Volunteer Date: _____

Board Members, Employees, or Volunteers are an integral part of any Non-Profit organization. Companions on a Journey's (COJ) 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.

Board Members, Employee, or Volunteer 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 Executive Director, Staff or Board of Directors.

For some positions your Resume may be requested, and you affirm that the facts set forth are true and complete.

If accepted as a Volunteer, Board Member or Employee any false statements, omissions, or other misrepresentations made by the individual on this application may result in 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. Once application is submitted and accepted, Volunteers, Board Members or Employees will be required to read the following:

- 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
- Interested Board Members will need to review COJ Bi-Laws

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

www.companionsonajourney.org

8857 Cincinnati-Dayton Road Suite #002 West Chester, OH 45069

(Tele) 513-870-9108



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.: _____

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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Volunteer Application

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)*

- | | |
|--|--|
| <input type="checkbox"/> Office Support, Administration Asst. | <input type="checkbox"/> Phone communication |
| <input type="checkbox"/> Newsletter, brochures, printed material | <input type="checkbox"/> Marketing and Fundraising |
| <input type="checkbox"/> Weekly Set-up for group's | <input type="checkbox"/> Take minutes at COJ Board meeting. |
| <input type="checkbox"/> Facilitate Adult Groups | <input type="checkbox"/> Volunteering at yearly Events |
| <input type="checkbox"/> Teens in grief ongoing School Program | <input type="checkbox"/> E-mail Communication |
| <input type="checkbox"/> Mending Hearts Children's Program | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Gala Fundraiser Support | <input type="checkbox"/> Social Media/ Facebook/Twitter/website |
| <input type="checkbox"/> Social Outreach | <input type="checkbox"/> Manage and Update COJ membership and email lists. |
| <input type="checkbox"/> Travel Club Coordinator | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Governance (manage key documents) |
| <input type="checkbox"/> 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. | |
| <input type="checkbox"/> Sending out official "Thank You" to people and organizations who have made donations | |

QUESTIONS:

1. Why do you wish to be a Board Member, Employee, or Volunteer?

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.):

3. Please list any previous volunteer experience:

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Volunteer Application

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

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: _____

Reference

Name of Reference: _____

Relationship: _____ How long have you known him/her? _____

Daytime Phone: _____ Evening Phone: _____

Agreement

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.

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Acceptance into and completion of volunteer training does not imply or guarantee acceptance into the Board Members, Employee, or Volunteer Programs.

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

Signature _____ Date: _____

Print Name: _____

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