



## VOLUNTEER INFORMATION

### ***Dear Volunteer applicant***

A Caring Hand, The Billy Esposito Foundation is the only non-profit in Manhattan solely dedicated to providing direct bereavement services to children and families in New York City. We know there are many people in our community with caring hands who believe in our cause. We appreciate and need your time and support of bereaved families. We recruit volunteers in the following areas.

### **Volunteer Group Facilitator**

Our child, teen and caregiver groups are the heart of our program. One evening a week for 10 weeks, children of a similar age meet together while their caregivers meet in their own group. The child and teen groups are co-facilitated by trained volunteers.

We welcome volunteers with a range of experience! Requirements and commitment:

- ◆ 1 year commitment (September – June) is preferred to co-facilitate our groups
- ◆ the 10 week session runs 3 times per year, attendance at all sessions is needed
- ◆ completion of application & pre-training information interview
- ◆ attendance at an 8 hour training
- ◆ attendance at information interview

### **Volunteer Helper**

We always need extra hands on deck for various short term projects throughout the year. The projects range from stuffing envelopes to helping with social media and doing outreach in the community. Certainly if you have a particular skill or specific time you would like to help out you should let us know. We also rely on volunteers to help with our annual spring gala and other fundraising activities.

Requirements and commitment:

- ◆ varies to fit your needs and our projects
- ◆ completion of application & information interview
- ◆ contact us about other opportunities to join the board or help with fundraising

### **Family Fun Day Host**

We love providing opportunities for families to connect with each other, have some respite from the challenges in their lives and have fun! The number of families we have served keeps growing so we are always looking for sponsors to host an event to bring them together for games, art activities, refreshments, and laughter. This time limited commitment is often a great fit for people with busy schedules.

- ◆ contact us to work with you and your team or organization to provide funds, brainstorm and develop the event and work with us to staff the event with volunteers to help and have fun with some special families.

### **Procedure**

Applications are available via the *volunteer link* at [www.acaringhand.org](http://www.acaringhand.org). Completed applications can be sent via post (303 Fifth Ave. #806, NY, NY 10016) or e-mail (RobinGoodman@acaringhand.org). For questions or additional information **call 212-229- CARE (2273) or e-mail [RobinGoodman@acaringhand.org](mailto:RobinGoodman@acaringhand.org)**. We look forward to hearing from you.



## VOLUNTEER APPLICATION

### Procedures

- All volunteers must complete
  - an application and background check
  - a pre- training interview
- Volunteer group facilitators must also
  - attend an 8 hour training, held once a year.
  - a \$20.00 non-refundable training fee to cover the cost of materials and supplies prior to training is suggested. If this is a hardship, please speak with the staff.
- Upon completion of the training, the staff and volunteer determine the best fit for placement. Training does not guarantee assignment as a facilitator.

### Instructions

- Complete all portions of the application and submit
  - (1) mail directly to: A Caring Hand, The Billy Esposito Foundation, Inc.  
303 Fifth Ave. #806, New York, NY 10016
  - (2) *or* email to: RobinGoodman@acaringhand.org
- Following receipt of an application, volunteer applicants will be contacted regarding an interview.
- Following the interview, volunteer group facilitator applicants will be invited to attend the training and complete an online background check.
- Check the position you are seeking (you may check one or both):
  - Volunteer group facilitator
  - Volunteer helper
- Check below and sign:
  - I understand that in order to become a volunteer group facilitator I must complete all procedures and training.
  - I understand that A Caring Hand The Billy Esposito Foundation reserves the right to place me as a volunteer group facilitator or offer me another volunteer position as they see fit following the application process and/or training.
  - I understand that if I am accepted as a volunteer group facilitator and commit to serve in this capacity, it is a one year (September – June) commitment for three 10 week sessions. Each weekly session requires my attendance for 2 ½ hours.
  - I understand a background check is required of all those accepted as a volunteer group facilitator.
  - I authorize A Caring Hand, The Billy Esposito Foundation to contact those references I provide.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PESONAL INFORMATION**

*Continue on back pages or attach additional pages as needed throughout*

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
3. Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_
4. E – mail \_\_\_\_\_
5. Date of birth \_\_\_\_\_
6. Emergency contact name \_\_\_\_\_  
Emergency contact number \_\_\_\_\_

**BACKGROUND**

7. Current place of employment and position  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. High School \_\_\_\_\_ Date graduated \_\_\_\_\_  
College \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_  
Post College \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_
9. List any previous volunteer and/or child, teen, family related experience  
Place \_\_\_\_\_ Date(s) \_\_\_\_\_  
Place \_\_\_\_\_ Date(s) \_\_\_\_\_  
Place \_\_\_\_\_ Date(s) \_\_\_\_\_  
Place \_\_\_\_\_ Date(s) \_\_\_\_\_

**PERSONAL STATEMENT**

**10. Why do you want to become a volunteer?**

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**11. What would you like to gain from being a volunteer?**

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**12. What strengths do you bring to A Caring Hand?**

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**13. What is your personal bereavement history?**

Relationship of person who died \_\_\_\_\_ Date \_\_\_\_\_

Relationship of person who died \_\_\_\_\_ Date \_\_\_\_\_

Relationship of person who died \_\_\_\_\_ Date \_\_\_\_\_

**14. Do you have any personal medical or mental health history that might impact your ability as a volunteer? If so, describe.**

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\_\_\_\_\_

\_\_\_\_\_

**15. List three people (non- family members) who have known you at least 1 year as a reference**

(1) Name \_\_\_\_\_ Day phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

(2) Name \_\_\_\_\_ Day phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

(3) Name \_\_\_\_\_ Day phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_



## CONFIDENTIALITY AGREEMENT

***A Caring Hand The Billy Esposito Bereavement Foundation*** does everything possible to provide a safe and nurturing environment for bereaved children and families. It is crucial that all those who attend the program are treated in a respectful way and that they can trust those who help them with their grief. All participants have the right to have their feelings and personal information protected and kept confidential. Maintaining confidentiality means that information about a child or family member is not shared outside of the group or program with those not affiliated with the program.

There are two exceptions to when information is communicated to others.

1. Following group session, in a supervisory context, information about group participants can be shared only with other staff and volunteers. This should be done without divulging a child or family's name.
2. In the course of working with children and families, a participant may reveal very personal information that, in very specific circumstances, must be shared. In cases of abuse, suicide, or the potential and threat of harming another person is discussed, it is the volunteer's responsibility to notify the appropriate mental health professional so a plan can be made.

I have read the above and agree to follow these guidelines.

\_\_\_\_\_  
**Name (print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**