

GENERAL GUIDELINES & REQUIREMENTS FOR FACILITATORS

Calm Waters' support group programs are made up of groups in which both the facilitators and the participants share in the learning process. Group facilitator participation includes sharing and caring. **There is no formal counseling or therapy as part of these groups.**

FACILITATOR DUTIES

- Help children and adults process their loss in a safe environment
- Follow the Calm Waters group curriculum
- Enforce group guidelines and group rules.
- Notice and discuss individual children's needs with staff, if necessary

CONSISTENCY, COMMITMENT, AND CONFIDENTIALITY

- Each volunteer is requested to make a commitment to facilitate a minimum of 8 weeks, or one session. Facilitator training as well as attendance at the occasional in-service programs will be required for all volunteers.
- A major value of support groups is consistency. Children grieving a death or divorce in their family often experience many other changes in their daily lives. Calm Waters' programs can provide a stable, consistent place for them to come on a regular basis. **A PART OF THIS CONSISTENCY IS REGULAR ATTENDANCE ON THE PART OF THE FACILITATORS.** Children often connect with a particular volunteer and look forward to seeing that person when they arrive. Divorce groups meet from 6:30 to 8:00p.m. every Tuesday or Thursday evening for eight weeks. **Divorce facilitators are to be here from 6:00 to 8:30.** Grief groups meet two Mondays per month, from 6:30 to 7:30p.m. Grief groups are ongoing, so families end when they are ready to do so. **Grief facilitators are to be here from 6:00 to 8:00.** A pre-session meeting will be held 30 minutes prior to the start of each group, and a debriefing meeting will immediately follow group sessions. There will be a senior staff person available during each Calm Waters session.
- **LIMITS OF CONFIDENTIALITY:** What is said in support groups is held in confidence by Calm Waters' volunteers and staff except in cases of suicidal ideation, child abuse as defined by Oklahoma State Statute, chemical dependency on the part of a child or adolescent, or when a parent or legal guardian has signed an information release.

STATEMENT OF CONFIDENTIALITY

Preserving confidentiality is the ethical obligation of the facilitator. It is based on the participant's "Right to Privacy." Exceptions include what has been stated above as well as pertinent information which may be shared during debriefing meetings with professional staff and other group facilitators. This information will only be revealed when, in the opinion of the facilitator, harm to self and/or others is evident. In this case, the professional staff person(s) on duty will implement a plan of action to protect the parties involved. Group facilitators should not take it upon themselves to independently resolve these situations.

Calm Waters Volunteer Facilitator Application

FACILITATOR SCREENING

- Calm Waters accepts volunteers and participants without regard to race, color, marital status, sexual preference, religion, gender, national origin, economic capabilities or physical handicaps.
- A commitment and confidentiality statement and a request for a security check must be signed and returned to Calm Waters along with a completed volunteer application and a check, cash or money order for \$15.00 to pay for OSBI security check. You are asked to complete an OSBI background form and have payment with you at your interview.
- A personal interview with potential facilitators will be scheduled to review training and education, personal experiences and any other issues that may impact effectiveness as a facilitator.
- Individuals who are on public record as sexual offenders, child abusers, felons, or who may be actively abusing alcohol or drugs may not be support group facilitators.
- Calm Waters Center for Children and Families reserves the right to terminate any Volunteer Facilitator for any reason.

CALM WATERS PROGRAM POLICIES

- All information received at training and support group sessions is protected and may not be reproduced in any fashion without the expressed written permission of Calm Waters. Handouts and activities for all topics and age groups will be available to all facilitators. **It is critical that no materials other than those provided by Calm Waters be used in the group setting unless approved by Calm Waters staff.**
- What takes place in the children's rooms is confidential. General statements about childrens' progress are appropriate between a facilitator and a parent. Example: "John is doing well. He has made some important progress." If a parent has more specific concerns to discuss about the child's behavior, please direct them to Calm Waters' staff.
- Each facilitator will be responsible to sign in when they arrive for groups and to make sure their group participants sign in at each session.
- Children and facilitators must straighten the meeting rooms prior to closing.
- For your protection and the protection of our participants, under no circumstances will a facilitator meet alone with a child. Children are not permitted to leave Calm Waters Center unless they are accompanied by a parent or guardian. Children in the 3-4, 5-7 and 8-10 year old groups will be escorted to the restroom by a facilitator who will wait in the hall until the child is ready to return to the group.
- Pre-session meetings and de-briefing sessions are essential to the success of the support group program and **attendance is required** by group facilitators.
- If an emergency or illness causes a facilitator to miss a session, it is the responsibility of the facilitator to contact the co-facilitator(s) and Calm Waters office staff as soon as possible. Facilitators may be asked to contact a substitute facilitator to assist the group co-facilitator(s).

...teaching healthy coping skills to children and families whose lives have been affected by death or divorce
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- Facilitators must respect the unique nature of the relationship between themselves and participants. Thus, facilitators are not to establish any type of relationship (business or personal) with participants or the participant's family for the duration of the support group sessions and for six (6) months after the participant has completed groups. Additionally, it is strongly recommended that NO relationships are established.
- Calm Waters facilitators are not to encourage communication or meet with participants outside Calm Waters' support group setting to discuss personal matters or discuss the children's progress in group. For the protection of everyone concerned, facilitators are not permitted to give their personal phone numbers, addresses or other contact information to participants. Telephone calls to participants of a personal nature are also not permitted. Facilitators are asked to follow these guidelines until six (6) months after completion of support groups.

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CONFIDENTIAL VOLUNTEER APPLICATION

*Please complete the following information. All information will be treated as privileged and confidential, and will not be released to others without your written permission or request.

Date Name Date of Birth

Address City State Zip

Home Phone Work Phone Cell Phone/Pager

Email Address Social Security Number

Occupation: Place of Employment

Gender: M F Marital Status # of Children Ages

Do you have any physical challenges or medical alert information we need to know about? Yes No

(If yes, please explain)

Emergency contact

Name Relationship to you Phone #

Have you ever been charged with, plead guilty to, or been convicted of a criminal offense? Yes No

(If yes, please explain)

How did you hear about Calm Waters? Newspaper Radio Friend Other

Goals or reasons for volunteering:

Have you had a major loss (death or divorce) within the last two years? Yes No

(If yes, what was the loss and when did it occur?)

Any other major losses within your lifetime? Yes No What was your age(s)

What type of loss?

Highest educational level achieved: High School Jr. College University Post-Graduate Other

Degree(s)

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What employment or experiences other than listed above have you had that you feel would help you relate to the work of Calm Waters? _____

Please list two (2) local references that are not related to you. Please print:

1) _____
Name Daytime Phone Number

_____ Address City State Zip

2) _____
Name Daytime Phone Number

_____ Address City State Zip

Volunteer Skills and Talents

(Please check the areas that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Artwork/Graphics | <input type="checkbox"/> Computer work | <input type="checkbox"/> Editing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Public Relations | <input type="checkbox"/> "Handy" person (carpentry etc) | <input type="checkbox"/> Golf Tournament |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Seminar Organizer | <input type="checkbox"/> Video/Audio Production | <input type="checkbox"/> Calm Waters Scrapbook |
| <input type="checkbox"/> Other Skills _____ | | | |

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Calm Waters Volunteer Facilitator Application



Volunteer Reference Form

I am making application to serve as a Support Group Facilitator for Calm Waters, a center for children and families who are experiencing grief and loss from death of a loved one, divorce and/or trauma. Would you please serve as a reference for me?

My signature indicates my permission for you to provide Calm Waters this reference. The information you send will be kept confidential in my volunteer file at Calm Waters' office and will not be made available to me. Thank you.

Applicant Signature (Print) Applicant Name Date

I believe _____ (applicant's name) would make a good Support Group Facilitator for Calm Waters because:

How do you know this person and for how long? _____

Please check one of the following: [] I recommend this person unconditionally. [] I cannot recommend this person unconditionally.

Signature Printed Name Date

Daytime Phone Evening Phone Cell Phone

After completing this form, please return in the enclosed envelope or fax to:

Calm Waters
4334 Northwest Expressway, Ste 101
Oklahoma City, OK 73116
Fax: 405.841.4803

Please contact Program Director Suzie Price, with any questions: P: 405.841.4800 or suzie@calmwaters.org

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VOLUNTEER COMMITMENT & CONFIDENTIALITY STATEMENT

- I have read and understand the general guidelines for facilitators.
- I understand that I will be required to make a commitment of one eight (8) week session to the Calm Waters program upon completion of facilitator training.
- I hereby acknowledge that all information received at training and support groups is protected under copyright and may not be reproduced in any fashion without the written permission of Calm Waters staff.
- I understand that the final responsibility for the welfare of the children belongs to their parent(s) or guardian. The parent(s) can limit any activities that their children are involved in. They have the ultimate decision concerning their children's activities.
- I have read the Statement of Confidentiality and agree to follow the guidelines.

_____	_____
Printed Name of Volunteer	Date
_____	_____
Signature of Volunteer	Witness

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