

## **GENERAL GUIDELINES & REQUIREMENTS FOR FACILITATORS**

- Calm Waters' peer support groups are led by volunteer facilitators who are trained by Calm Waters. Working alongside other volunteers, facilitators follow Calm Waters' curriculum. Facilitator training is required for all volunteers.
- Volunteers are asked to facilitate a minimum of one 8-week session per year. Because consistency is an important aspect of the healing process, it is essential that once volunteers begin a session, they are consistent in their attendance.
- Groups meet from 6:30 – 7:30pm. Facilitators participate in a pre-group meeting from 6:00 – 6:30pm, and a debriefing from 7:30 – 8:00pm.
- Calm Waters accepts volunteers and participants without regard to race, color, marital status, sexual preference, religion, gender, national origin, economic capabilities or physical handicaps.
- Staff will schedule a personal interview with potential facilitators prior to training.
- Potential volunteers are asked to fill out an OSBI background check form during their interview with staff. Individuals who are on public record as sexual offenders, child abusers, or felons, will not be accepted as support group facilitators.
- Calm Waters Center for Children and Families reserves the right to terminate any volunteer facilitator for any reason.

Date \_\_\_\_\_

## 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.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Maiden: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Email Address/es: \_\_\_\_\_

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

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)

What are your goals or reasons for volunteering:\_\_\_\_\_

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## Volunteer Reference Form

I am applying to serve as a Support Group Facilitator for Calm Waters Center for Children and Families. Calm Waters helps children and families in their grief journey caused by death, divorce, or other significant loss. 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 and will not be made available to me. Thank you.

\_\_\_\_\_

Applicant Name (Print)	Applicant Signature	Date
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"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

\_\_\_\_\_

Name (Print)	Signature	Date
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\_\_\_\_\_

Daytime Phone	Evening Phone	Cell Phone
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After completing this form, please return in the enclosed envelope or fax to:  
Calm Waters Center for Children and Families  
4334 Northwest Expressway, Suite 101  
Oklahoma City, OK 73116  
Fax: 405.841.4803

If you have any questions, please contact us at:  
Phone: 405-841-4800 Email: [info@calmwaters.org](mailto:info@calmwaters.org)

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\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
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

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone

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