



OFFICE USE ONLY:  
 Intv. Date \_\_\_\_\_  
 Letter \_\_\_\_\_  
 Conf. \_\_\_\_\_

## Volunteer Group Leader Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Month and Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_

How did you hear about volunteering at OUR HOUSE? Friend \_\_\_ (specify) \_\_\_\_\_

Internet \_\_\_ OUR HOUSE Website \_\_\_ Professional publication \_\_\_ Other \_\_\_ (specify) \_\_\_\_\_

**Please complete the following information:**

Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer phone \_\_\_\_\_

Previous related work or volunteer experience \_\_\_\_\_

**Please tell us why you would like to volunteer for OUR HOUSE** \_\_\_\_\_

\_\_\_ I am able to commit to volunteering for a minimum of one year (see below):

\_\_\_ In-house group every-other-week and/or \_\_\_ School group every-week (10 week sessions)

AND \_\_\_ Supervision every-other-week

\_\_\_ I understand that I must attend all three days (9:00 a.m. – 5:30 p.m.) of the Group Leader Training.

**Please indicate which group(s) you are most interested in co-leading (check as many as you like).**

\_\_\_ Adult Group Leader (in-house) \_\_\_ Spanish Speaking Adult Group Leader (on-site in community)

\_\_\_ Child/Teen Group Leader (in-house) \_\_\_ School Group Leader (on-site in community) \_\_\_ Camp Erin (counselor)

**Please indicate at least two days or evenings of availability. Indicate Start and End times you are available for day and/or evening:**

Monday Tuesday Wednesday Thursday

Day: Start/End \_\_\_\_\_

Eve: **Start/End** \_\_\_\_\_

**Please indicate your preference of group location:**

In-house group West Los Angeles  In-house group Woodland Hills  School group (City or Valley) \_\_\_\_\_

**Please indicate your availability for Supervision (check *at least one* for adult supervision and one for children's supervision):**

**ADULT SUPERVISION**

**WEST LOS ANGELES:**  Monday 12:00-1:30 p.m.  Monday 6:15-7:45 p.m.  Tuesday 4:30-6:00 p.m.

**WOODLAND HILLS:**  Monday 12:00-1:30 p.m.

**CHILDREN/TEEN/SCHOOL GROUP SUPERVISION**

**WEST LOS ANGELES:**  Monday 11:30-1:00 p.m.  Tuesday 6:30-8:00p.m.  Friday 12:00-1:30 p.m.

**WOODLAND HILLS:**  Thursday 2:00-3:30 p.m.

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**Please list three references (two professional) that you've known for a minimum of two years:**

Name	Address/email	Telephone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that participation in training does not guarantee an assignment as a group leader.

I agree that as a group leader, I will not accept group members or their families into my private practice or business, or solicit group members as social contacts.

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