



OFFICE USE ONLY:
 Intv. Date _____
 Letter _____
 Conf. _____
 DP _____

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 ___ School group every-week (10 week sessions)

___ Community-based Spanish Speaking Adult Group

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) _____
 Spanish Speaking Adult Group (indicate East LA, West LA, 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.

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.

Signature _____ Date _____