



A SUPPORT PROGRAM FOR
GRIEVING CHILDREN, TEENS, AND
THE PEOPLE WHO LOVE THEM.

Volunteer Application

Date of Application: _____

Name

Street Address

City

State

Zip Code

Home Phone

Cell Phone

E-mail

Education:

High School (name and year completed) _____

College (name, years attended, or graduation year) _____

Other: (please list) _____

Employment:

Are you currently employed? No Yes, address/phone # _____

Volunteer Experience (please list and describe any past or current experience):

How did you learn about volunteer opportunities at **Tides**? _____

What experience have you had working with children, teens or adults? _____

Describe significant experiences you have had with death and/or loss. Include your age at the time of the loss. If it was a death, what was the nature of your relationship to the deceased?

Please list any skills, abilities, or special strengths you have that would be helpful working with Tides families:

What are your areas of interest or hobbies?

Is there anything else you would like to share?

Tides meetings are generally held the **1st and 3rd Thursdays of each month, September through May from 5:30-8:00pm, approximately.** If you are available to complete other indirect volunteering opportunities, please check the skills of interest to you.

Skills:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Conference Organizing | <input type="checkbox"/> Crafts (Specify) _____ | |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Donor Relations | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design/Art | <input type="checkbox"/> Interviewing |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Play an instrument | <input type="checkbox"/> Photography | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Quilting/Sewing | <input type="checkbox"/> Singing | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Telephone Skills | <input type="checkbox"/> Video Production | <input type="checkbox"/> Writer/Proofreader | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Other (please specify) _____ | | | |