

Agency
Special Training

Duties

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Many groups meet for an hour and a half each week. Additionally, group facilitators attend monthly facilitator meetings. Can you make such a commitment? ____Yes ____No

PLEASE TYPE OR PRINT LEGIBLY. (Use additional sheet(s) if necessary.)

1. How did you hear about SASG? What do you know about SASG?

2. Do you have experience facilitating/participating in emotional support groups? In topical discussion groups? In skills-building groups? Do you have experience with one-to-one mentoring?

3. In your opinion, how are support groups different from therapy groups? What differences would you expect to see among the different types of groups at SASG (emotional support, discussion, skills-building, etc)?

4. What are some of the strengths that you will bring to the role of group co-facilitator?

5. Are you familiar and comfortable with the experiences/issues of people who are gay? Lesbian? Bisexual? Transgender? Please Describe:

6. Share your personal experiences with those affected by HIV/AIDS:

7. Describe your experiences being in a community/volunteering with people who are different from you in race, gender, age, sexuality, physical ability, etc:

8. SASG groups may relate to the following issues and circumstances: HIV/AIDS, grief & loss, community connections, life transitions, gender issues, building healthy relationships, “coming out”, self-esteem, spirituality, parenting, living with chronic/terminal illness, etc. Which of these issues do you find particularly interesting and why?

9. What do you feel you need to learn to be an effective facilitator at SASG?

10. Please tell us why you are interested in facilitating a support group at SASG?

11. Is there anything else you would like us to know? Do you have any questions?

References: Please supply the name, address, and phone number of two references to whom you are not related. (If possible, include one employer or volunteer supervisor.)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I certify that the information supplied on this application is true and complete to the best of my knowledge. I understand that this information is regarded as confidential and will only be seen by the staff of SASG.

(Signature of Applicant)

(Date)

Submit completed application to:

Attn: Volunteer Coordinator
SASG
303 17th Avenue East
Seattle, WA 98112-5106

Or

volunteer@sasgcc.org
206.322.2437