
BRIGHTER DAYS

Grief Center

Volunteer/Board Member Application

Thank you for your interest in becoming a volunteer or board member for Brighter Days Grief Center. We are dedicated to provide a place where families anticipating or coping with the death of a family member can find support, resources, and connections to others to build hope for the future. Volunteers enable us to fulfill this mission by providing support in all areas of the organization. Each volunteer, including Board members, is asked to fully complete this application.

If any of the volunteer work you do puts you in direct contact with children, we require a reference and criminal background check on all applicants eighteen years of age and older. This is a mandatory part of our screening process, and will be performed after the initial interview and only upon mutual agreement. All information in this application and any information acquired through the background investigation will remain confidential, and be used only for screening and placement purposes. Please feel free to contact us at 952-303-3873 with any questions regarding the volunteer application and screening process.

Please return this application to info@bdgc.us or mail to:

Brighter Days Grief Center
8925 Aztec Drive
Suite #1
Eden Prairie, MN 55347

GENERAL INFORMATION

Full Name	
Address	
Home Phone	
Cell Phone	
Employer	
Position	
Email	

Applying for: Volunteer or Board Member (please circle)

Preferred method of contact? Phone or Email (please circle)

In case of emergency, whom should we contact? Please provide 2

Name:	Relationship:	Phone Number:

VOLUNTEER HISTORY

Please list boards and committees that you serve on, or have served on:

Organization	Role/Title	Dates of Service
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Please list any education or experience that may be relevant to a volunteer or board role:

How do you feel that Brighter Days Grief Center would benefit from your involvement as a volunteer or as a board member? How do you feel Brighter Days Grief Center would benefit you? (We want this to go both ways!)

Please list any groups, organizations or businesses that you could serve as a liaison on behalf of Brighter Days Grief Center.

Please describe areas that you feel would best suit you in your volunteer time with Brighter Days Grief Center. For instance, would like to get involved in public speaking to spread our message, would you like to plan or fundraise for events, would you like to donate in-kind work (legal, marketing, admin, etc.)?

I have completed and reviewed this entire form and attest that the information provided is true. I am volunteering my time for personal reasons. I understand I will not be paid for my services as a volunteer and I except no compensation. By signing below, I am agreeing to all terms, conditions, and statements listed within this application.

Applicant Signature

Date