

***Journey of Hope Grief Support Center***  
**REGISTRATION FOR FACILITATOR TRAINING**

Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address home: \_\_\_\_\_

How did you hear about Journey of Hope? \_\_\_\_\_

What are your expectations of participation in this program? \_\_\_\_\_

We welcome people from all walks of life! Please briefly describe your work history or professional training and what you are doing now: \_\_\_\_\_

Describe any professional certifications or licenses: \_\_\_\_\_

If you are a counseling/therapy intern or a student in a counseling or therapy program, please identify the program and your current situation (eg. Are you seeking practicum or contact hours towards a license?)

Our training activities will touch upon personal experience. If you have experienced significant loss in your own life, please describe: \_\_\_\_\_

Please describe any skills or talents that you would like to share through Journey of Hope:

Please describe any physical or medical conditions that may affect your ability to participate in this program:

The registration fee is \$35 for JOH facilitators and \$125 for those attending for professional development only. Scholarships are available if the fee is a hardship. Do you intend to be a facilitator for JOH? (Yes/No)  
Do you need a scholarship? (Yes/No)  
If facilitating, which nights of the week are you available after 5:30? \_\_\_\_\_

**Due to the nature of the Journey of Hope Grief Support Center program, we reserve the right to reject or accept potential volunteers.**