



Willow Center for Children's Grief

Volunteer Application

Thank you for your interest in volunteering with the Willow Center. Please complete the information below. We value your time and aim to keep this process clear and respectful.

Contact Information

Please indicate your preferred method of communication.

Name: _____ **Phone (Home/Cell):** _____

Address: _____

Email Address: _____

Preferred Contact Method:

Email Call Text

Volunteer Interests

Please check all areas you are interested in and add notes if helpful.

Fundraising (please check all that apply):

Event assistance

Donation procurement

Other: _____

Grief Program Facilitation

(Volunteers co-facilitate peer support groups with other volunteers twice monthly in the evening children, teens, or caregivers)

Camp Erin Volunteer

(Summer weekend grief camp for children)

Other Areas of Interest: _____

Relevant Experience

Please share any experience that may be helpful to your volunteer role (work, volunteer, personal, or lived experience).

Interest in the Willow Center:

Briefly tell us why you are interested in volunteering with the Willow Center.

Personal Experience With Loss:

Many of our volunteers are drawn to this work because of personal experiences with grief. Sharing is optional.

Yes No Prefer not to say

If you would like to share, please briefly explain:

Equal Opportunity Statement

The Willow Center is committed to providing equal opportunities to all volunteers and does not discriminate on the basis of race, color, religion, national origin, gender identity, sexual orientation, age, or disability.

Thank you for completing this application and for your interest in supporting children and families through grief.

Submission Information

Please return your completed application by:

Email: casemanager@willow-center.org

Mail or drop off to:

Willow Center

1714 G Street

Lewiston, ID 83501

If you have questions, please contact us at **(208) 791-7192**.