

APPLICATION FOR VOLUNTEER PROGRAM

Please print clearly in the spaces provided. Use a separate sheet of paper to answer the numbered questions. Please number your answers to correspond with the questions, and then staple this form to your answer sheets. Thank you.

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____(home) _____(work)

E-mail: _____

1. If employed, what is your occupation?
2. What process did you go through within yourself in deciding to become a volunteer for Awakening?
3. What is your previous experience in being with the dying? Please indicate academic background (e.g., books, classes, lectures, formal trainings), as well as your direct personal experience.
4. What is your previous experience in being with the grieving? Please indicate academic background (e.g., books, classes, lectures, formal trainings), as well as your direct personal experience.
5. Describe your concept and personal experience of spirituality.
6. Describe your spiritual practice.
7. Have you ever been in personal or group psychotherapy and/or other self-development/self-understanding processes?
8. What days and times will you be available to meet with a client?
9. Where in the Bay Area are you willing to travel to meet with your client?
10. We will be scheduling regular exploration/support groups to assist volunteers. What days and times would be most convenient for you to meet?
11. Please indicate current sources of emotional support in your life.
12. Please comment on what you do for fun, entertainment, and relaxation. How do you take care of yourself?
13. Is there anything else you would like to express that would help us to know you better, or help us to better understand your interest in Awakening?

please mail your application to:
Awakening
9701 Deer Valley Road, Brentwood, CA 94513

for further information call:
(925) 933-7171 or (925) 755-8822

or email message@awakeningonline.com