



Paid \$ _____

DIVORCE RECOVERY GROUP LEADER APPLICATION

DATE _____

Name _____
First Middle Last Name you use

Address _____
Street City Zip

Phone Number (Home) _____ (Work) _____ (Pager) _____

Fax Number _____ Email Address _____

Date of Birth _____

Place of Employment _____ Position /Title _____

Address and Phone _____ OK to call at work? _____ Yes No _____

Education _____

Practicum/Intern/Student: _____ Yes No _____ Number of Units: _____

Projected date of graduation _____ Major _____

Indicate any foreign language you speak _____ Fluent _____ Good _____ Fair _____

1. Have you been divorced? _____ Yes _____ No If more than once, number of times? _____

If yes, how long since your last marriage? _____ How long were you married? ___ 1 ___ 2 ___ Other

2. If you have children, what are their ages? _____ If divorced, who has custody? _____

3. Are you married now? _____ Yes _____ No

4. Are you a child of divorce? _____ Yes _____ No If yes, describe briefly, your experience as a child of divorce.

5. Group Experience (as a participant) _____

(as a leader) _____

6. Volunteer Experience _____

7. What do you believe your leadership skills are? _____

8. Reason for becoming a Divorce Recovery leader _____

9. Are you interested in being considered as a Divorce Recovery leader?

For Adult Support groups _____ Yes _____ No

For Child /Family groups _____ Yes _____ No

In working with children, what age level(s) do you prefer?

_____ 5-6 years _____ 7-8 years _____ 9-11 years _____ 12 and older

10. Because of legalities in working with children, it is necessary for applicants, planning to work with children to complete the following:

Have you ever been arrested for a criminal offense? _____ Yes _____ No

If yes, please give date, location, and nature of offense and disposition:

(A criminal record will not necessarily bar an applicant from working with children; a criminal record will be considered as it relates to the position for which you are applying).

11. Have you been fingerprinted? _____ Yes _____ No

If yes, please give date and location: Date: _____ Location: _____

12. Other things you would like us to know about you _____

13. Please provide three references.

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

As a volunteer for Divorce Recovery, I am aware that everything I learn while a volunteer for the program is to be held in confidence and I accept this responsibility of confidentiality.

Signed _____ Date _____

PLEASE RETURN TO: DIVORCE RECOVERY 1051 N. Columbus BLVD, ste 103, Tucson, AZ 85711