

**Community Grief Support  
Junior Board Application**

1119 Oxmoor Road | Homewood, AL 35209 | 205.870.8667 | www.communitygriefsupport.org

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**EDUCATION**

Highest Level of Education: \_\_\_\_\_

**EMPLOYMENT**

Current Employer, if applicable: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Dates of Employment (starting, ending): \_\_\_\_\_  
Company/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

**SKILLS & EXPERIENCE**

Special training, skills, hobbies: \_\_\_\_\_  
Groups, clubs, organizational memberships, community involvement: \_\_\_\_\_

Please describe any prior volunteer experience (include organization names and dates of service): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experiences have you had that you feel have prepared you to serve as a member of Community Grief Support's Junior Board?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to join Community Grief Support's Junior Board?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you know about Community Grief Support?  
\_\_\_\_\_  
\_\_\_\_\_

- Do you have reliable transportation? No ( ) Yes ( )
- Are you willing to help coordinate and volunteer at events? No ( ) Yes ( )
- Can you attend bimonthly meetings? No ( ) Yes ( )
- Are you comfortable consenting to a background check? No ( ) Yes ( )

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**REFERENCES**

Please list two - three people who know you well and can attest to your character, skills, and dependability. We suggest listing your current or previous employer for one of your references.

Name/Organization	Relationship to you	Length of relationship	Phone number

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of membership to Community Grief Support’s Junior Board. I certify that I have and will provide information throughout the selection process, including on this application and in any interviews with Community Grief Support that is true, correct and complete to the best of my knowledge. I understand that information contained on my application may be verified by Community Grief Support. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a membership position with Community Grief Support’s Junior Board or my termination as a member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please email completed application to [communitygriefsu@bellsouth.net](mailto:communitygriefsu@bellsouth.net) or mail to our office at 1119 Oxmoor Road, Attn: Gabby Falco Kinsley.***

***Thank you for your interest in joining Community Grief Support’s Junior Board.***



**COMMUNITY  
GRIEF  
SUPPORT**

FINDING HOPE TOGETHER