



Facilitator Training Registration Form

DATE _____

Name _____
First Middle Last

Address _____
Street City Zip

Phone Number (Home) _____ (Cell) _____

Email Address _____

Date of Birth _____

Place of Employment _____ Position /Title _____

Address _____

Highest Degree Earned _____

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? _____

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)

6. Group Experience (as a leader)

7. Volunteer Experience

8. What do you believe your leadership skills are?

9. Reason for becoming a Divorce Recovery leader

10. What group are you interested in being considered for as a Divorce Recovery leader?

Divorce Recovery Adult Support Groups: Yes ___ No ___

Children of Divorce and Changing Families (CODCF) Support 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

11. Due to 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)

12. Do you have a fingerprint Clearance Card? Yes ____ No ____

If yes, please give expiration date and ID#:

Expiration Date: _____ ID# _____

13. Other things you would like us to know about you

14. 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 COMPLETE AND RETURN TO: DRinfo@jfcstucson.org, or Attn: Divorce Recovery, 4301 E. 5th Street, Tucson, AZ 85711