



Paid \$ _____

DIVORCE RECOVERY STUDENT 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 _____

Projected date of graduation _____ Major _____

Future Plans _____

Please check : Practicum/Intern : _____ Number of Units (2 or 3): _____ OR Volunteer _____

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

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

2. Are you married now? ___ Yes ___ No

3. Have you been divorced? ___ Yes ___ No How long were you married? _____

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

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 Child /Family groups _____ Yes _____ No
In working with children, what age level(s) do you prefer?
_____ 3-4 years _____ 5-7 years _____ 8-9 years _____ 10-12 years _____ Teens _____ Any

10. Have you been fingerprinted? _____ Yes _____ No
If yes, please give date and location: Date: _____ Location: _____

11. 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).

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 924 N. ALVERNON SUITE 131, TUCSON, AZ. 85716.