

Confidentiality Statement

Employees, volunteers, and board members shall not (except in proper course of legal duty) during or after any period of employment, volunteer time or any involvement with a New Hope Grief Support Community program or affiliated entity event (paid or unpaid) divulge to any person confidential information concerning New Hope Grief Support Community or affiliated entity, its clients, partners or service providers, employees, or volunteers. All who seek counsel or participate in grief groups, have the right to privacy and confidentiality. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning any entities listed above, and will not seek to obtain confidential information from them or about them.

I have read and understood the Confidentiality Statement and agree to abide by it.

Signature

Printed Name

Date



NEW HOPE Programs, Training Materials are copyright property of:
New Hope Grief Support Community, 3443 San Anselme Ave., Long Beach, CA 90808
(562) 429-0075 info@newhopegrief.org www.newhopegrief.org

Volunteer Facilitator Agreement

As a condition to becoming a recognized and authorized volunteer, I agree to the following:

1. All materials provided, either in my training or subsequently, are copyrighted and are not to be used by any group other than *New Hope Grief Support Community* or an affiliated entity.

Therefore, I will not personally, or cause said material to be , copied, altered, changed, modified , formatted for visual or computer display, specifically but not limited to any of the following :

- Collateral materials
- Handouts
- Resource materials:
 - A Kid's Journey of Grief-all editions
 - A Journey of Hope Grief Handbook
 - Teen Grief Handbook

2. I will not recreate in another setting independent of *New Hope Grief Support Community*, alter, change, or modify the concepts and theories model of grief support programs and training provided by *New Hope Grief Support Community*.

3. I also understand that all rights are reserved and protected by copyright law. I agree that I may not reproduce the programs or materials in another form without the express written consent of New Hope Grief Support Community network.

4. I will be willing and available to serve as a grief group facilitator for _____ in this organization for 2 years.

Volunteer Signature

Date



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Policy and Procedure

For Adult Grief Group Facilitators

FACILITATOR REQUIREMENTS AND COMMITMENTS

All Facilitators must:

- **Have experienced a death of someone in their life, no matter their age.**
- **Attend a New Hope Grief Group, either as a participant or observer**
- **Attend all sessions of the facilitator training**
- **If one year has passed since participation as a grief group facilitator, refresher training is required before being assigned a group to facilitate.**
- **Attend facilitator update meetings**
- **Lead at least two grief groups for two years.**
- **Sign the Facilitator Agreement and Confidentiality Statement**
- **Agree that you will not reproduce or utilize any form of the New Hope curriculum, grief group structure or programs in any other location, organization or church other than the New Hope Grief Support Community organized or sanctioned events or sessions.**
- **Return your facilitator manual when leaving volunteer role with New Hope**

I have read and agree to comply with the above requirements and policies of New Hope Grief Support Community and understand that my ability to remain as a facilitator depends upon my adherence to these policies.

Signature

Date