Heartlight Application

Name:	Credentials (if applicable):
Email:	Phone Number:
Address:	City, State, Zip:

Emergency Contact Name:	Emergency Contact Phone:

Areas of Interest:

□ Group Facilitation

□ Program Development

□ Administrative Support

□ Fundraising

Completed Heartlight Facilitator Training: □ YES □ NO Date training completed: __/__/____	**Attached Resume:** □ YES □ NO **Attached License Verification:** □ YES □ NO

Education:

School Name	Location	Degree Received

Work History:

Employer	Position	Dates Employed	Description of Duties	Reason for Leaving

Additional Training/Certification Related to Grief and Loss:

Title of Training/Certification	Facilitator	Date of Completion

Additional information:

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_____

Signature:_____ Date:_____