LOSS TEAM VOLUNTEER INTEREST FORM

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/Zip:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Cell 🞏 Home 🞏 Work

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Cell 🞏 Home 🞏 Work

Why are you interested in joining the LOSS Team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all areas that define yourself:

🞏 Loss Survivor 🞏 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Month/year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Coroner 🞏 Mental Health Professional 🞏 Clergy/Faith-Based

🞏 Youth/Student 🞏 Education 🞏 Law Enforcement 🞏 Government

🞏 Social Services 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a loss survivor, what have you done to help yourself in the grieving process?

🞏 Individual Therapy 🞏 Survivors of Suicide Group 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all suicide prevention training you have completed:

🞏 ASIST 🞏 SAFE TALK 🞏 CAMS 🞏 QPR 🞏 AFSP CLINICIAN

🞏 AMSR 🞏 SOUL SHOP 🞏 PSYCHOLOGICAL FIRST AID

🞏 MENTAL HEALTH FIRST AID 🞏 OTHER\_\_\_\_\_\_\_\_\_

How did you hear about the LOSS Team? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Attending the volunteer LOSS Team training does not automatically authorize you to be on the LOSS Team. You are required to complete an interview, suicide prevention, and LOSS Team training. It is recommended loss survivors are 18 to 24 months past the loss of their loved one.

Please send completed form to [LOSS@greatlakesrecovery.org](mailto:LOSS@greatlakesrecovery.org).