Career Interest Form

Thank you for your interest in joining our Gabby's Grief Center team.

We look forward to connecting and discussing possible opportunities.

Full Name: _____

Preferred Name (if different): _____ **Pronouns (optional):** _____

Date of Birth (mm/dd/yyyy): _____

Street Address: _____

City: _____ **State/Province:** _____ **Zip Code:** _____

Email: _____

☐ Yes, you may contact me at this email address. ☐ No

Primary Phone Number: _____

☐ Yes, you may contact me and leave a message at this number. ☐ No

Current Employer: _____

Our Mission

Gabby's Grief Center Mission Statement: Gabby's Grief Center is a community-based organization, gracefully serving grievers as they find hope and strength to heal in a supportive, judgment-free space. (Revision pending fall 2025).

What draws you to Gabby's Grief Center and our mission?

(Sharing is optional but helps us get to know you better!)

_____

_____

_____

_____

Education

Please list all completed degrees, year of completion, and any certifications:

_____

_____

_____

License Type (if applicable): _____

Career Path Interests

Area(s) of Interest at Gabby's Grief Center (check all that apply):

☐ Grief Support

☐ Administrative Support

☐ Community Outreach / Events

☐ Volunteer Coordination

☐ Youth Programming

☐ Other: _____

Available Start Date: _____

General Availability (days/times): _____

Are you interested in:

☐ Full-Time ☐ Part-Time

Relevant Experience

Please describe any work or volunteer experience related to grief, counseling, youth work, or community support:

_____

_____

_____

_____

Thank you again for your interest in Gabby's Grief Center. We appreciate your desire to make a difference in the lives of those experiencing grief.