VOLUNTEER GRIEF MENTOR (YOUR NAME): ______________________________________

PHONE: (       )___________________________ EMAIL: ______________________________

CLIENT / CALLER NAME: ____________________________________

* PHONE CONTACT IS THE MOST EFFECTIVE MEANS OF COMMUNICATION – TRY TO SET UP A PHONE APPOINTMENT.

PHONE: (       )___________________________ BEST TIME(S) TO CALL: ________ am ________ pm

EMAIL: ________________________       PREFERENCES TO BE CONTACTED BY: PHONE [ ] EMAIL [ ]

NAME(S) OF LOVED ONE(S): ________________________________________________________________________________________

RELATIONSHIP/AGE(S): ____________________________________________________________________________________________

AIR CARRIER / FLIGHT NUMBER: ____________________________ DATE: _______________

CALL / EMAIL LOG:

DATE:_______ TIME:________ [ ] am [ ] pm

ATTEMPTED CONTACT BY: PHONE [ ] EMAIL [ ] NOTES: _______________________________________________________________

DATE:_______ TIME:________ [ ] am [ ] pm

ATTEMPTED CONTACT BY: PHONE [ ] EMAIL [ ] NOTES: _______________________________________________________________

DATE:_______ TIME:________ [ ] am [ ] pm

ATTEMPTED CONTACT BY: PHONE [ ] EMAIL [ ] NOTES: _______________________________________________________________

SUMMARY OF CLIENT / CALLER RESPONSE:

THOUGHTS / FEELINGS: ___________________________________________________________________________________________

_________________________________________________________________________________________________________________

WHAT WAS THE FOCUS OF THE CALL? ______________________________________________________________________________

_________________________________________________________________________________________________________________

HIS/HER AVAILABLE SUPPORT SYSTEMS: ________________________

_________________________________________________________________________________________________________________

YOUR ASSESSMENT:

[ ] DOING AS WELL AS CAN BE EXPECTED

[ ] CONCERNED ABOUT HIS/HER MENTAL STATE (IF SO, EXPLAIN BELOW)

ADDITIONAL COMMENTS / CONCERNS: ______________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

YOUR NEXT STEP:

FOLLOW-UP CALL [ ] FOLLOW-UP EMAIL [ ] TO BE MADE ON: _______________________

[ ] INFORMATION / REFERRAL REQUESTED (EXPLAIN): ______________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

*PLEASE SUBMIT THIS FORM AFTER EACH CONVERSATION WITH CLIENT/CALLER OR 3RD UNSUCCESSFUL ATTEMPT TO MAKE CONTACT

THANK YOU FOR BEING A VOLUNTEER GRIEF MENTOR
YOU ARE THE HEART OF ACCESS!