



Living Well with Chronic Conditions Volunteer Leader Application Form

THANK YOU very much for your interest in *Living Well!* We look forward to getting to know you better and working with you to help you become a *Living Well* Leader. Please provide us with the information below to help us plan for our upcoming *Living Well* Leader Workshop.

NAME: _____

WORK ORGANIZATION (IF APPLICABLE) AND MAILING ADDRESS:

CITY, STATE, ZIP: _____

WORK PHONE: _____ HOME OR CELL PHONE: _____

E-MAIL: _____

GENDER: Male Female DATE OF BIRTH: _____ (optional)

RACE/ETHNICITY: White/Caucasian African-American Asian Latino
 Native American Other

CONTACT INFO for LOCAL SPONSORING ORGANIZATION:

Name: _____ Agency Name: _____

Address: _____

Phone: _____ E-mail: _____

What dates are you planning for your first *Living Well* workshop? _____

Who will you lead your first workshop with? _____ Where will it be held? _____

1. Are you a past participant in a *Living Well* workshop?
If not, how did you hear about *Living Well* and the Leader Training?

2. Why do you want to volunteer to be trained as a Leader for *Living Well*?

3. Our Leaders generally either have a chronic condition or live with someone who has a chronic condition. Does this apply to you? Please explain.

4. Please describe any experience you have leading groups of adults or working with older adults, including the size of the group(s), different income levels, educational levels, cultures and physical or mental challenges..

5. Please describe any barriers or challenges in your becoming a Leader (e.g., energy, time, transportation, availability, limitations resulting from your own or another's chronic conditions, etc.)

6. What are the counties or communities in which you would be willing to serve as a *Living Well* workshop Leader?

By initialing each item below, I am agreeing to the specific responsibilities involved in becoming a workshop Leader with Wisconsin's healthy aging prevention network. I agree to:

- Attend the full four-day training course. I will attend (pick one)
- | | |
|--|--|
| <input type="checkbox"/> Barron County, Feb. 7, 8, 14 & 15 (please note new date for Barron) | <input type="checkbox"/> Green County, Feb. 16, 17, 23 & 24 |
| <input type="checkbox"/> Brown County, Feb. 9, 10, 16 & 17 | <input type="checkbox"/> Trempealeau County, March 22, 23, 29 & 30 |
| <input type="checkbox"/> Milwaukee County, Feb. 16, 17, 23 & 24 | |
- Work with my sponsoring organization to begin to complete the *Living Well* Local Implementation Plan and bring it with me to the Leader Training.
- Schedule my first *Living Well* sessions within three months of the Leader Training.
- Conduct at least one *Living Well* community-based workshops each year.
- Notify the Wisconsin Institute for Healthy Aging of all workshops scheduled.
- Use the statewide marketing materials in all promotional materials; participate in the statewide data collection process to be explained at training; keep up-to-date with program updates as provided by WIHA; provide up-to-date contact information to WIHA; and maintain communication with a designated local contact, if an individual is identified at the training

I understand that the *Living Well* program is very scripted and that it is critical for the success of the programs that Leaders closely follow the script and not share personal advice.

SIGNATURE

DATE

Our organization agrees to be the sponsoring organization for this *Living Well* Leader.

SIGNATURE, SPONSORING ORGANIZATION REPRESENTATIVE

DATE

Please return this application form two weeks before start of Leader Training to: Wis. Institute for Healthy Aging, 1414 MacArthur Road, Suite B, Madison, WI 53714, info@wihealthyaging.org, FAX 866-341-1278.
Questions? Call us at 608-243-5690.

Thanks for your interest in becoming a workshop Leader with Living Well with Chronic Conditions!