

**Healthier Living Workshop Leader & Volunteer Application**

Thank you for your interest in becoming a Healthier Living Workshop Leader and Volunteer! To continue with the application process, please complete this form in its entirety. We use this information to set up your interview with staff, register you for required training, and to coordinate workshops in the community.

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| **---PLEASE TYPE OR PRINT IN INK---** | | | | | | | | | | | | Today’s Date | | | |
| First Name | | | | | MI | | | | Last Name | | | | | | |
| Mailing Address | | | | | | | | | City | | | | Zip | | |
| Telephone Number | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | | Email Address | | | | | | | | |
| What is the best way to contact you? ☐ Phone ☐ Email | | | | | | | | | | | | | | | |
| In case of emergency notify: | | | | | | | | | | | | | | | |
| Name | | | | | | | | | Telephone | | | | | | |
| **How did you find out about the *Healthier Living* Workshops?** | | | | | | | | | | | | | | | |
| **Do you have a chronic condition?** If yes, please check all that apply:  ☐ Diabetes ☐ Hypertension ☐ Heart Disease ☐ Cancer ☐ Arthritis/rheumatic disease ☐ Lung Disease (COPD) | | | | | | | | | | | | | | | |
| **Other chronic conditions?** | | | | | | | | | | | | | | | |
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| **In what areas are you willing to travel to support or facilitate *Healthier Living* Workshops?** Please mark on all boxes that apply | | | | | | | | | | | | | | | |
| Covelo | Laytonville | | | Willits | | | | Redwood  Valley | | Other | Other | | | Other | Other |
|  |  | | |  | | | |  | |  |  | | |  |  |
|  |  | | |  | | | |  | |  |  | | |  |  |
| **What is your availability?** Please mark on all boxes that apply | | | | | | | | | | | | | | | |
|  | | Monday | Tuesday | | | Wednesday | | | | Thursday | Friday | | | Saturday | Sunday |
| Morning | |  |  | | |  | | | |  |  | | |  |  |
| Afternoon | |  |  | | |  | | | |  |  | | |  |  |
| Evening | |  |  | | |  | | | |  |  | | |  |  |

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| **Have you ever taken the *Healthier Living/*Chronic Disease Self-Management Workshop? ☐** Yes ☐ No | | | | |
| **Have you ever been trained as a Workshop Leader or Master Trainer in any other evidence based program?**  **☐** Yes ☐ No  **If yes, please list the program name and when you were trained:** | | | | |
| **Why do you want to become a Volunteer or Leader?** | | | | |
| **Write a brief statement to describe your personal strengths, goal as a volunteer, and what you hope to achieve for the community.** | | | | |
| **Please tell us about your unique/special abilities.** | | | | |
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|  |  |  |  |  |
| **Name (Printed)** | **Signature** | **Date** |

**If you are interested in getting trained as a Leader, please read this statement and sign below to show your agreement.**

**Leader Agreement:** Trainee leaders are required to make a commitment to teach two workshops annually. You cannot teach the course until you have attended **all required days of the training**. The first time you teach is considered part of your training. Workshop leaders are volunteers of the agency, not employees of the agency. Any volunteer stipends that are available are not a salary, and are intended to reimburse leaders for commuting expenses and other incidentals incurred while teaching the course. Leaders must teach the workshop **only** as outlined in the course manual. We do pay a $200 stipend for each 6-week workshop you lead.

I agree to teach at least one entire Workshop within 6 months of my training, and another workshop series within 12 months of my training date. I will teach in strict accordance with the course as written in the Program Leader Manual, and as taught at the Leader Training. I will attend and actively participate in all required training.

Mail completed application to: Howard Foundation/ATW, 3 Marcela Dr. Suite A., Willits, CA 95490 or

FAX to: 707.459.2625. If you have any questions, please call Suzanne Picetti at (707) 456-9656.

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| **Signature** | **Date** |