

# Living Well With a Disability Workshop Peer Leader Agreement



As a qualified Peer Leader, I \_\_\_\_\_ (print name) agree to abide by all of the procedures for this program as set forth in the Organization Terms & Agreements and the Living Well with a Disability online leader training. I agree to be held accountable for the following responsibilities:

Please initial each responsibility.

	I have read and understand the Implementation Guide and Peer Leader Description. I have a copy as a reference to remind me of my responsibilities.
	I agree to read and work through all of the Living Well with a Disability online leader training and understand I am not certified to lead a workshop until the training is completed. I also understand that the UAP is the established licensed organization and I may lead only through an organization partnering with them.
	I understand that if a volunteer stipend is offered by my sponsoring organization it will be agreed upon with my Living Well Coordinator.
	I understand that if becoming a Peer Leader is part of my job or staff responsibilities, I have obtained supervisor approval and support, and both my supervisor and Living Well Coordinator are in communication to coordinate time availability to lead workshops.
	I understand I will be authorized to lead my first workshop only after I have satisfactorily passed all competencies during the online leader training, as approved by my Living Well Coordinator.
	I agree to co-facilitate my first ten-week workshop within six months of completing the online leader training. I understand that I may not share my personal login information to the online Living Well with a Disability training website with anyone.
	I understand that I must lead one workshop a year to maintain my certification. Otherwise, I understand I need to go through the online leader training in full to become re-certified.
	I agree to ensure fidelity by delivering the program as set forth in the Living Well with a Disability Workshop Manual, with no additions or deletions, and following the script as outlined. I understand that guest speakers may not lead any part of the course.
	I understand that I am a role model for the participants of self-management. I am committed to leading the workshop to the best of my abilities and be open to feedback.
	I will refrain from using any professional or other titles unrelated to being a Peer Leader (RN, RD, etc.) during workshops. I agree not to offer personal advice, health advice, or medical advice during workshops. I agree to no selling, advertising, or solicitation during class. I will not recruit class participants for any type of campaign.
	I agree to introduce myself as a Peer Leader with the organization for which I am working or volunteering.
	I will always co-facilitate with a trained Peer Leader. I agree to prepare in advance for each workshop including preparing materials and splitting responsibilities with my co-leader. I agree to respect my co-leader and resolve any differences in private, always maintaining a positive and open attitude. I will notify the Living Well Coordinator if differences cannot be resolved.

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	I will distribute a copy of the Workshop Manual to each participant, either downloaded, printed, and distributed each week, or purchased through University of Montana. I agree to leave all copyright information on any printed and distributed materials.
	I agree to maintain workshop attendance forms and complete other workshop-related paperwork (Participant Information Form, Attendance sheet, data security documents, evaluations, etc) to submit to my organization's Living Well Coordinator within five work days of workshop completion.
	I agree to respect participant confidentiality and abide by all data security protocol requirements. I agree to keep participant contact information confidential and only use their telephone numbers and emails to remind them of the classes or assignments related to the class.
	I agree to respect participant diversity. No participant should be discriminated against or become the target of ridicule, disrespect, or gossip due to their ethnicity, religion, gender, national origin, age, physical disability, political affiliation, sexual orientation, color, marital status, veteran status or medical condition. Peer Leaders who exhibit discriminatory behavior will lose their affiliation with the project.
	I commit to co-facilitate each workshop to the full duration. If I am not able to attend a session due to illness or other circumstances beyond my control, I agree to notify my co-leader and Living Well Coordinator with at least 24 hours notice. I will make every effort to find a substitute peer leader to take my place.
	I understand that _____ is my organization's Living Well Coordinator; I agree to communicate with him/her regarding all program implementation details, including program fidelity and submitting workshop data. I will report any problems (with the host site, participants, co-leader etc.) to my Living Well Coordinator immediately.
	I understand that I conduct workshops at my own risk. RTC: Rural Institute of Montana will not be liable for any damages with respect to any claim by me or my third party on account of conducting a workshop or using any program materials.

I understand that failure on my part to adhere to the program policies and procedures can result in the loss of my status as a certified peer leader.

\_\_\_\_\_  
Name of Sponsoring Partner Organization

\_\_\_\_\_  
Peer Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Peer Leader Email

\_\_\_\_\_  
Peer Leader Phone

\_\_\_\_\_  
Living Well Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Living Well Coordinator Email

\_\_\_\_\_  
Living Well Coordinator Phone