

Living Well Workshop Peer Leader Application



Applicant's Name:

E-Mail:

Phone:

Address:

City:

State:

Zip:

Organization/Company Name:

Living Well Program Coordinator's Name:

Living Well Program Coordinator's Title/Position:

Living Well Program Coordinator's E-Mail:

Living Well Program Coordinator's Phone:

Living Well Program Coordinator's Address: City:

State:

Zip:

1. Which Peer Leader Training are you applying for?

Location address

Date:

2. Have you attended a Living Well workshop as a participant?

Yes

No

3. Are you living with a chronic condition?

Yes

No

4. Have you lived with someone else who has a chronic condition?

Yes

No

5. Have you read the Peer Leader Position description and do you understand the duties and responsibilities outlined there?

Yes

No

6. Do you have reliable transportation?

Yes

No

7. Do you have time to dedicate three hours a week for six consecutive weeks?

Yes

No

Living Well Workshop

Peer Leader Application

Screening Questions (Suggested)



Briefly describe your interest in participating in this program:

1. Why are you interested in becoming a peer leader?
2. What experience do you have with disabilities?
3. Are you able to model self-management principles to participants? Please give examples.
4. What experience do you have facilitating health education or problem solving groups?
5. How would you describe the difference between teaching and facilitating?
6. What skills or characteristics will make you an effective peer leader?
7. What is your availability for co-facilitating workshops (days of the week/time of day)?