



Live Well WV Self-Management Programs

LEADER APPLICATION FORM

Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Email: _____

Are you available in the next six months to teach one (1) *Live Well Workshop* (6 weeks, for 2 hours each week)? Yes No

The workshops require you to speak in front of groups and write on a white board. Are you comfortable performing these activities? Yes No

Please list any volunteer, occupational, or life experiences that would make you a good candidate for this training:

Please describe why you're interested in being trained as a *Live Well Workshop* leader:

Please describe who you would offer this program to and your proposed workshop location:

Before becoming a Program Leader:

- I agree to teach a *Live Well Workshop* in the three months following the training.
- I agree to submit a signed commitment to:
 - a) honor my responsibilities as a Live Well Workshop Leader; and
 - b) adhere to the policies and reporting requirements of the Live Well Programs; and
 - c) keep information discussed during the training and workshops confidential.

Signature

Date

This information will be kept in confidence.

Please fill out the application completely and submit this form to:

Sally Hurst
shurst@osteo.wvsom.edu
400 North Lee Street, Lewisburg, WV 24901

If you have any questions please contact Sally at
shurst@osteo.wvsom.edu 304-793-6554