



Alzheimer's Association Support Group Facilitator Application

(Any personal information that you share will be kept confidential and shared only with appropriate staff and volunteers.)

General Information

Name _____

Mailing Address _____

Home Phone _____ Office _____ Cell _____

E-mail _____ @ _____

Do you have Alzheimer's? Yes No

Do you know someone who has Alzheimer's? Yes No

Are you a health professional? Yes No

What is your occupation? _____

Ethnic, Racial, Cultural Background _____

Age: Under 25 26-35 36-50 51-65 Over 65

Do you speak another language fluently in addition to English? Yes No

If yes, what other language(s) do you speak? _____

Background Information

Have you ever facilitated a support group? Yes No (If yes, please describe)

Please describe any work or volunteer experiences that may be relevant to facilitating a support group. _____

Please describe qualities/characteristics about yourself that you feel will be useful in facilitating a support group. _____

