

SUPPORT GROUP FACILITATOR APPLICATION

Name _____ E-Mail Address _____

Mailing Address (Home / Work) _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Fax _____ Birthday (month & day) _____

Present Employer (Retired ____) _____

Job Title _____

References 1) Name _____ Phone _____

Address _____

2) Name _____ Phone _____

Address _____

▪ Education Background: _____

▪ Are you or have you ever been a caregiver for a person with Alzheimer's disease? Yes / No
If yes, please explain (relationship, length of time, etc.) _____

▪ Have you participated in, or been a member of an Alzheimer's support group or any other support group? Yes / No
If yes, please explain _____

▪ Are you knowledgeable about Alzheimer's disease? Yes / No
If yes, to what extent, and how was this knowledge obtained (personal experience, from study, etc.)? _____

▪ What experience and personal qualities do you have that you think would help you to be an effective support group facilitator? _____

▪ Do you have a location preference for your support group? If so, do you have authorization to use the space? Yes / No
If yes, why? _____

Signature _____

Date _____

Please fax (716-626-2255) or mail (see top of page) to attn: Lisa Theurer, when completed.