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(Agency Name)

Healthier Living Volunteer Application

Thank you for your interest in becoming a *Healthier Living* Volunteer! To continue with the application process, please complete this form in its entirety. We use this information to set up your interview with *Healthier Living* staff, register you for required training and the orientation process, to coordinate *Healthier Living* workshops in the community, and to track *Healthier Living* volunteers in California.

---PLEASE TYPE OR PRINT IN INK---			Today's Date	
First Name		MI	Last Name	
Mailing Address			City	Zip
Is this a personal or business address? <input type="checkbox"/> Personal <input type="checkbox"/> Business				
Telephone Number				
Date of Birth		Email Address		
What is the <u>best way</u> to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email				
What is the <u>best time</u> to contact you?				
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
In case of emergency notify:				
Name			Telephone	

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How did you find out about the *Healthier Living* Program?

Do you have a chronic condition? If yes, please check all that apply:

- ☐ Diabetes ☐ Hypertension ☐ Heart Disease
☐ Cancer ☐ Arthritis/rheumatic disease
☐ Lung Disease (asthma, emphysema, bronchitis)

Other chronic conditions?

In what areas are you willing to travel to support or facilitate *Healthier Living* Workshops? Please mark ☒ on all boxes that apply

(Region/City Name 1)	(Region/City Name 2)	(Region/City Name 3)	(Region/City Name 4)	(Region/City Name 5)	(Region/City Name 6)	(Region/City Name 7)	(Region/City Name 8)

What is your availability? Please mark ☒ on all boxes that apply

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Which of these do you have at your disposal?

- ☐ Phone ☐ Vehicle ☐ Computer ☐ Email ☐ Facebook ☐ Twitter
☐ Other: _____

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Have you ever taken the *Healthier Living*/Chronic Disease Self-Management Workshop? ☐ Yes ☐ No

Have you ever been trained as a Workshop Leader or Master Trainer in any other evidence based program? ☐ Yes ☐ No

If yes, please list the program name and when you were trained:
(Such as Tomando Control de Su Salud, trained August 2012; Arthritis Foundation Exercise Program & Walk with Ease programs, trained January 2013; Matter of Balance, trained April 2013)

Why do you want to become a *Healthier Living* Volunteer or Leader?

Are you interested in getting trained as a *Healthier Living* Leader and facilitating workshops in the community?

☐ Yes ☐ No (*Please skip to next page*)

If yes, is this part of your job responsibilities or as a volunteer?

☐ Volunteer ☐ Job; Name of your employer: _____

If yes, what is the name of the agency that holds the license you will be covered under?

☐ Partners in Care Foundation ☐ Employer (listed above)

☐ Not sure/Don't Know ☐ Other: _____

Write a brief statement to describe your personal strengths, goal as

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a volunteer, and what you hope to achieve for the community.

Please tell us about your unique/special abilities.

Can we share your information with other organizations offering *Healthier Living* workshops? Your skills as a Volunteer may be helpful to our network of community partners. ☐ Yes ☐ No

Name (Printed)

Signature

Date

If you are interested in getting trained as a Leader, please read this statement and sign below to show your agreement.

Leader Agreement: Trainee leaders are required to make a commitment to teach two workshops annually. You cannot teach the course until you have attended all required days of the training. The first time you teach is considered part of your training. Workshop leaders are volunteers of the agency, not employees of the agency. Any volunteer stipends that are available are not a salary, and are intended to reimburse leaders for community expenses and other incidentals incurred while teaching the course. Leaders must teach the workshop **only** as outlined in the course manual.

I agree to teach at least one entire Self-Management Workshop within 6 months of my training, and another *Healthier Living* series within 12 months of my training date. I will teach in strict accordance with the course as written in the Leader Manual, and as taught at the Leader Training. I will attend and actively participate in all required training.

Signature

Date

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Healthier Living: Managing Ongoing Health Conditions Leader Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

Date: _____, 20__

The *Healthier Living* program has been designed to help people improve the management of their health conditions. The program has been standardized and evidence-based (that is, it is proven to help people) so that all the 10,000+ leaders trained to facilitate *Healthier Living* are offering *the same program* to bring *the same, proven benefits* to program participants.

As a *Healthier Living* Leader, you play an important role in upholding the quality of the program.

For you as Leaders, this means offering the workshop in line with these standards so that participants in your workshops will be helped, and not hurt by a program with unscripted changes.

As a Leader, your words and actions must adhere to the program script and fidelity so we can ensure the safety, quality and proven benefits of the program for all participants.

In consideration of the *Healthier Living* Leader Training provided by **(Agency Name)**, an organization licensed to provide *Healthier Living*, as a potential leader, I, _____, agree to perform the *Healthier Living* Leader duties to which I will be assigned to the best of my ability and in a professional manner.

As a *Healthier Living* Leader, I agree to the following standards of conduct:

- I will treat all program participants with courtesy and respect.
- I will inform **(Agency Name)** of any and all activity I engage in related to the *Healthier Living* program to ensure activities adhere to licensing requirements.
- I will safeguard the confidentiality of participants and their health information.
- I will exercise reasonable care in the use and protection of equipment and supplies.
- I will not accept payment from participants for the services I provide. I may receive compensation as a volunteer or employee of a program sponsor.

Training Responsibilities:

- I will attend a 4-day training taught by 2 Master Trainers, 24 hours total.
- I will facilitate a 6-week workshop within 6 months upon completion of the training.
- I will facilitate two or more 6-week workshops per year.

Workshop Responsibilities:

- I will prepare for each workshop by reviewing *Healthier Living* manual and materials.
- I will facilitate the program according to the Leader Training and adhere to program fidelity to the best of my ability.
- I will organize the workshop meeting space with supplies and /or refreshments.
- I will present the workshops according to the directions, training, and materials provided.
- I will encourage interactive discussion about the concepts and skills presented.
- I will monitor and connect with each participant, including those with special needs.
- I will recruit and advertise for workshops using materials provided by **(Agency Name)** that includes their name and /or logo.
- I will promote socialization and a solution-oriented environment among the participants.
- I will strive to ensure that workshops follow the proven model by:
 - Co-facilitating workshops with another trained Leader

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Healthier Living: Managing Ongoing Health Conditions Leader Agreement

- Presenting the workshops based on the training and manual provided.
- Serving as a facilitator rather than a lecturer. Facilitators focus on *process* – helping create a sense of connection between group members and leaders to create a safe and optimum environment of mutual learning and support.
- Not altering the number of workshops (6) or duration of each meeting (2.5 hours).
- Offering the workshops over six (6) consecutive weeks – (e.g., not scheduling a workshop if a holiday or other event interrupts the 6-week sequence).
- Not altering workshop content (e.g., adding guest speakers or modifying program curriculum to offer additional information to that provided in the manual).
- Disallowing any form of promotional content for another program or service.

Upon Completion Of The Workshop:

- I will ensure that participants complete the required evaluation materials.
- I will prepare the required evaluation materials and ensure they are as complete as possible.
- I will return all of the completed forms within 48 hours after the last session to **(Agency Name)**

I have read the above information and I agree to abide to the Leader standards of conduct, training expectations, and workshop responsibilities as outlined.

Leader Signature _____ Date _____

Printed Name _____

Email Address _____ Phone No. _____

Mailing Address _____ City _____ Zip Code _____

Home Address _____ City _____ Zip Code _____

Please retain a copy of your *Leader Agreement* for your records.

Upon completion of your training, include your *Leader Agreement* in your Leader Manual along with your training *Certificate of Attendance* and copy of the *Healthier Living Program License*.

Should you have any questions about the Healthier Living program, your training or certification process, please contact:

(Agency Name & Contact Information)

CDSME Leader Interview & Assessment Form

Date:	Interviewer(s):	
Prospective Volunteer Name:	Phone:	Email:

1. What inspired you about this opportunity?

2. Tell me more about your experience and how it prepares you for our work (ask about their experience working with different populations in the local community).
 - a. What skills or personal qualities do you feel you could bring to this program? (outreach & communications, computers/copiers, people skills, mentoring, problem solving, partnership development, public speaking, etc.)

 - b. (If they have attended a *Healthier Living*/EBP workshop before) What was your experience during the workshop you attended?

3. Describe your ideal volunteer position and volunteering environment.
 - a. What would you like to get out of the volunteering experience?

4. How do you feel about using a workshop script and teaching the workshop only as outlined in the course manual?

5. How can this volunteer experience/leading the *Healthier Living* workshop be beneficial to you?

6. What do you feel would be challenging for you as a volunteer with us?

*****FOR STAFF USE ONLY*****

Skills/Qualities	Yes/No	Notes
Commitment to following EBP program script and adhering to fidelity		
Has worked with seniors, people with disabilities, or veterans		
Has experience with communications, newsletters		
Has experience in mentoring, trouble-shooting and problem solving with others		
Comfortable with computers		
I am excited about this candidate because:		
I have the following concerns about this candidate:		
I recommend this person for a volunteer position: Y N		
This person is a good candidate for:		
<i>EBP Leader Communications Czar Administrator Sponsor Seeker</i>		
<i>Ambassador Mentor Other:</i>		
This candidate can participate in the next orientation session on:		

Healthier Living Volunteer Introduction Letter

Put on Agency Letterhead

Date

Dear [Name of Volunteer]:

Thank you for your interest in (Agency Name) and the Healthier Living program. Our mission is to serve as a (Agency's Mission). Evidence-based programs (EBPs) are programs that are proven to promote health and prevent disease through rigorous research. They are an important part of the services we provide to make a significant impact in the quality of life and helping people in the day-to-day management of their health and chronic conditions. Included in this information packet you will find, an overview of (Agency Name), materials describing *Healthier Living* and our other evidence-based programs (EBPs), the volunteer opportunities we have available, and the process to become a volunteer. Please let me know if you have any questions whatsoever.

Healthier Living is an evidence-based program, also known as the Chronic Disease Self-Management Program (CDSMP), developed by Stanford University. It is an interactive workshop for people with varying chronic condition(s) to help and support one another. The program is designed to help people manage ongoing health conditions such as arthritis, diabetes, heart disease, depression and asthma. It is a six week workshop series that takes place once a week for 2 ½ hours, facilitated by two trained leaders. Overall, *Healthier Living* teaches the skills needed in the day-to-day management of chronic condition(s) and to maintain and/or increase life's activities. The curriculum includes appropriate behavior modifications, ways to increase physical activity levels, and coping strategies to enable participants to manage their chronic disease(s) and medications. At (Agency Name), we also offer other workshops similar to *Healthier Living*, including (other evidence-based programs, such as Diabetes Self-Management, Walk with Ease, etc.).

Volunteering to support the *Healthier Living* program provides you with the opportunity to serve your community through evidence-based health promotion programs that educate, strengthen, and motivate people living with chronic conditions to better manage their health. The program gives people tools they can use every day to feel better and be in control of their health. There are many ways to support the program and the greater health of your community by volunteering; such as being a workshop facilitator, prepping materials, identifying community partners, or developing newsletter stories.

After reading the enclosed materials we hope that you will be interested in joining us to spread *Healthier Living* and other evidence-based programs. To begin the process of becoming a volunteer, please fill out the attached application and send to our office via postal mail, email or fax. We appreciate your interest in learning more about our program, and if you have any further questions, feel free to contact us directly at (Agency Phone Number).

Sincerely,

(Coordinator's Name)

(Position Title, Program Title)

(Email, Fax Number)

(Agency and Program Name) Overview

Insert Here

Healthier Living and Evidence-Based Program Overview

Insert Here

(Agency/Program Name) Volunteer Opportunities

A variety of roles exist for volunteers and EBP Leaders to support the spread and accessibility of these proven and effective health education programs in the community.

- **Leader** – Leads EBP workshops in the community and completes all required trainings.
- **Administrator** – provides administrative and clerical support to the program, including material preparation for trainings or workshops and filing.
- **Sponsor Seeker** – seeks sponsorship support for EBP programs and trainings in the community by working with individuals, local businesses, or corporations for financial support or donated goods.
- **Ambassador** – publicizes the EBP programs, recruiting for workshops, facilitating outreach sessions, and informing appropriate community groups and organizations about EBP services and volunteer opportunities available in the community.
- **Mentor** – An experienced EBP Leader who acts as a resource for other volunteers and Leaders by co-leading workshops with new Leaders, conducting fidelity visits, and providing fidelity tips for newsletters.
- **Communication Czar** – collects and develops articles and stories for the newsletter.

Process of Becoming a Volunteer for (Agency and Program Name)

Insert Here

First, fill out attached application and send to (Coordinator's Name) via postal mail, Email or Fax. Upon receipt of the application, we will contact you to set up an interview with (Coordinator's Name/Agency Name) staff. During the interview, we will get to know each other and go over your application and ask some questions. You are encouraged to ask questions about the program or any of the volunteer opportunities. Once the interview is completed, (Coordinator's Name) will contact you to discuss next steps based on the volunteer position.

Healthier Living Volunteer Welcome Letter

Put on Agency Letterhead

Date

Dear [Name of Volunteer]:

Thank you for your interest in volunteering with (Agency Name)! It was a pleasure to meet and learn more about you. I am pleased to offer you a position as a [Volunteer Position Name].

We invite you to attend an orientation session for new volunteers (details to the right) to commence your volunteering with us. During the session, we will:

- Provide program background & training
- Review policies and procedures
- Discuss staff and volunteer responsibilities

In addition, we will also work with you to schedule a (CDSME Program Name) training and subsequent workshop to facilitate. Together, the training and workshop will prepare you for your work as a (CDSME Program Name) Leader and help you attain (CDSME Program Name) Leader Certification. At the orientation we will provide you with an overview of what to expect during the (CDSME Program Name) training and certification process.

Welcome to the (Agency Name)!

Orientation Details

Where:

When:

Time:

Please review and bring a signed copy of the attached Leader Agreement to orientation.

Please know we do not expect you to have all the answers at the end of this initial orientation or training, and a variety of resources are available to you as our volunteer. (Agency Name) will support your work as a Leader and volunteer by providing ongoing opportunities to learn and strengthen your skills through our Peer Educator Development and Learning (PEDAL) sessions (and / or Agency Name volunteer support practices). These PEDAL sessions are a great opportunity to meet other volunteers, share experiences, and receive valuable tips. We also have experienced Leaders and volunteers available to mentor new (Agency Name) volunteers.

I've enclosed a volunteer agreement form. Please review, sign, and bring it with you to the orientation session. Thank you very much for signing up to volunteer with (Agency Name) I look forward to working with you in service to our community. Please let me know if you have any questions at all, I am here to support you!

Sincerely,

(Coordinator's Name)

(Position Title, Program Title)

(Agency Name)

(Agency Address)

(Agency Phone Number, Fax Number)

(Email)