



Rooted and growing in Aging Services

Orange County Office on Aging 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			
Are you over 18 years <input type="checkbox"/> YES <input type="checkbox"/> NO	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?

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

North County	Central/West	Central/East	South

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?

Is this part of your job responsibilities or as a volunteer?

Volunteer Job; Name of your employer: _____

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