



Powerful Tools for Caregivers

2009 Class Leader Application

Name: _____

Home Address

Street: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Fax: _____

Email: _____

Work Address

Business: _____

Street: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Fax: _____

Email: _____

Sponsoring Agency: _____

Are you: Staff member Volunteer

Sponsoring Agency Contact Name: _____

Address: _____

Agency Contact Phone: _____ Agency Fax: _____

Agency Contact E-Mail: _____

County of Sponsoring Agency: _____

1. Why are you interested in becoming a Class Leader for the *Powerful Tools for Caregivers* Program?

- 2. Briefly describe your personal experience (current or past) as a family caregiver for an older relative or friend (if any). Please circle or write in your answer.**

Caring for: Mother Father Spouse/Partner Friend Other _____

Primary medical condition of person caring for: Alzheimer's Stroke

Parkinson's Heart disease Diabetes Frailty with aging Other _____

Living Situation: Separate home/apartment Assisted Living Facility

Nursing Home Together in our home Other _____

Please add comments to describe personal caregiving experience: _____

- 3. Describe professional experience with family caregivers (if applicable).**

- 4. Do you have any experience facilitating or leading a group of adults? (If so, please describe type of groups led.)**

Years of experience: None 1 yr. or less 2-5 yrs. 6-10 yrs. 11+ yrs.

- 5. Do you have any specific connections to diverse ethnic communities where the *Powerful Tools for Caregivers* program could be beneficial? Please include any contacts you may have to community organizations serving these groups.**

- 6. All of the classes are co-led by trained Class Leaders. Are there any trained Class Leaders you are interested in working with? If so, please list their names and phone numbers.**
