

APPLICATION FORM
ARTHRITIS FOUNDATION SELF-HELP COURSE LEADER APPLICANT

I. GENERAL INFORMATION

1. Name _____ 2. Date of Birth _____
3. Address (street, city, state, zip) _____

4. Home telephone (_____) _____ 5. Business telephone (_____) _____
5. E-Mail _____
6. Most convenient time to call _____

II. EDUCATIONAL BACKGROUND

Name of educational institutions attended (high school, vocational/technical college)	Years attended	Diploma/degree/certification

Describe other relevant postgraduate or continuing education activities:

III. EXPERIENCE

1. Occupation/profession, present or past _____

2. If currently employed, list position and place of employment _____

3. Describe any teaching, public speaking or group leader experience _____

4. Volunteer experience _____

IV. HEALTH INFORMATION

1. Do you have fibromyalgia? YES NO
2. Do you have arthritis? YES NO If yes, what type? _____
3. Does a family member or "significant other" have arthritis? YES NO
If yes, list relationship _____
4. Is your doctor supportive of your decision to be an AS/FSHC leader? YES NO
If no, why not? _____

V. SELF- HELP COURSE

1. Have you taken the Arthritis/Fibromyalgia Self-Help Course? YES NO
If so, when and where? _____
2. What are your reasons for wanting to participate in the AS/FSHC leader training workshop?
3. How do you expect to benefit personally from teaching the AS/FSHC?
4. When would you be available to teach? (Approximate dates)

5. Is there someone with whom you would prefer to teach? If yes, name:

VI. To ensure the quality of the AFSHC program, the following policies and procedures have been instituted. Please sign below indicating your acknowledgement and acceptance of these requirements:

1. AFSHC classes must be held in facilities that are physically accessible to the disabled and that have meeting rooms that are safe and comfortable.
2. The meeting facility or co-sponsoring agency must have adequate insurance coverage for the program.
3. The AS/FSHC instructor training workshop is open only to those who meet certain qualifications and who have been prescreened and approved. ALL APPLICANTS MUST COMPLETE THE APPLICATION FORM AND RECEIVE A CONFIRMATION LETTER DOCUMENTING THEIR APPROVAL TO ATTEND THE WORKSHOP. No walk-ins will be allowed into the training workshop.
4. The AFSHC leader training workshop prepares individuals to be leaders, i.e., people who teach the AS/FSHC class. These trainees must undergo additional training and meet other prerequisites before being qualified to become trainers. Only approved trainers can teach others how to be AS/FSHC leaders.
5. Leaders must conduct the program in accordance with the program guidelines and agree not to change the program in any way without prior written authorization from the National Office of the Arthritis Foundation. The program policies will be explained in more detail in the training workshops, after which the instructor will be asked to sign a Leader Agreement Form.
6. New course leaders must teach with a co-leader.
7. Only persons who have successfully completed the AFSHC Course leader training workshop conducted by trainers approved by the Arthritis Foundation are eligible to conduct this program. Therefore, guest speakers may not lead any part of the course..

Signature

Date

ARTHRITIS FOUNDATION
ARTHRITIS SELF-HELP COURSE LEADER AGREEMENT FORM

As an Arthritis Self-help Course leader, I _____
(Print name)

Agree to conduct a complete series of six classes of the Arthritis Self-Help Course using the content and teaching methods that are detailed in the *Arthritis/Fibromyalgia Program Guidelines and Procedures Manual*. I agree to teach the course within six months of being trained and will do so in collaborations with the Arthritis Foundation.

I will not make any changes in the course content or process, including adding or deleting any content or process. I will co-lead the course only with a leader who has completed an approved Arthritis Foundation sponsored AS leader training workshop.

I also agree to return all unused materials and other required evaluation and attendance data to the Arthritis Foundations program coordinator within one week of the end of the course series.

Signature

Date

Return to:
St. John's Regional Arthritis Center
Margaret Lindsey
1235 E. Cherokee
Springfield, MO 65804

Fax: 417-820-7785