

PEER LEADER APPLICATION



Applicant's Name:		E-Mail:		Phone:	
Address:		City:		State:	Zip:
Organization/Company Name:					
Living Well Program Coordinator's Name:			Title/Position:		
E-Mail:			Phone:		
Address:		City:		State:	Zip:
1.	Which Peer Leader Training are you applying for? Location:			Date:	
				YES	NO
2.	Have you attended a Stanford Self-Management workshop as a participant?				
3.	Are you living with a chronic condition?				
4.	Have you lived with someone else who has a chronic condition?				
5.	Have you read the Peer Leader Position description and do you understand the duties and responsibilities outlined there?				
6.	Do you have reliable transportation?				
7.	Do you have time to dedicate three hours a week for six consecutive weeks?				



Briefly describe your interest in participating in this program:

Peer Leader Screening Questions (Suggested)

1. Why are you interested in becoming a peer leader?

2. What experience do you have with chronic conditions?

3. Are you able to model self-management principles to participants? Please give examples.

4. What experience do you have facilitating health education or problem solving groups?

5. How would you describe the difference between teaching and facilitating?

6. What skills or characteristics will make you an effective peer leader?

7. What is your availability for leading workshops (days of the week/time of day)?
