



Class Leader Application

Name: _____

Home Address

Work Address

Street: _____

Business: _____

City: _____

Street: _____

State: _____ ZIP: _____

City: _____

Phone: _____

State: _____ ZIP: _____

Email: _____

Phone: _____

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: _____

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

What other evidence-based programs, if any, have you led?

Please describe any personal caregiving experience (if applicable):

Please describe any professional experience working with family caregivers (if applicable).

Please describe any experience facilitating or leading a group of adults (including the size and diversity of the group (e.g. cultural, educational, income, age, physical or mental health challenges).

Years of group facilitation experience:

1 yr. or less

2-5 yrs.

5-10 yrs.

10-15 yrs.

15+ yrs.

The PTC classes must be conducted by 2 leaders. With whom do you plan to co-lead the 6-week PTC class? (please note that individuals must attend the PTC leader training in pairs, unless you already have a trained PTC class leader with whom to co-lead the classes).

Please describe any mobility issues or food allergies.

I agree to co-facilitate two, PTC 6-week class series within a year of being certified as a PTC Class Leader.

Printed Name

Signature

Date

Class Leader Sponsoring Agency Commitment Form

- I believe that _____ has the necessary qualifications to become a *Powerful Tools for Caregivers* Class Leader.
- Our organization is willing to sponsor this candidate and assist him/her in building sustainability for the *Powerful Tools for Caregivers* program in our local community.
- Please check the ways your organization plans to support this Class Leader applicant and the PTC program's on-going viability.

- _____ Sponsor individual's time to participate in 2-day Class Leader Training.
- _____ Sponsor the individual by paying their leader training fee.
- _____ Produce PTC Class Leader Scripts and Class Leader Tips Manuals once the individual becomes certified.
- _____ Provide space for the six-week class to meet.
- _____ Distribute brochures or flyers to publicize classes.
- _____ Provide staff time to register class participants.
- _____ Provide staff time to class preparation and teaching the class.
- _____ Support outreach, coordination, and community collaboration efforts.
- _____ Sponsor a class series by purchasing copies of *The Caregiver Helpbook*.
- _____ Other: Please describe _____

Name

Date

Sponsoring Agency Name

Phone Number

Email address



Submitting Your Powerful Tools Training Application

Please complete this application and submit it to Carol McLimans via:

Email application to:

carol@landofsky.org

Mail or drop off application at:

Land of Sky Regional Council

Attn: Carol McLimans

339 New Leicester Hwy., Suite 140, Asheville, NC 28806

Fax to:

828-251-6353

Attn: Carol McLimans

Note: Submitting an application does not guarantee acceptance. All applicants will be notified about their status by April 27.