



## Volunteer Leaders Needed

**Become a Wellness Program Group Volunteer Leader for consumers and caregivers living with diabetes**

### PEP Volunteer Peer Leader Training Session

Location	Date (1 day)	Times (8 hours)
Various Locations		TBD (Approx. 9:00 – 5:00pm)

#### Who Should Consider Becoming A Self-Management Volunteer Peer Leader?

Volunteer Peer Leader Training is available for living with diabetes who *have experienced living with a wound, ulcer, or neuropathy in relation to diabetes*

Leaders are individuals interested in learning how to better manage their foot care in regards to living with diabetes and to live a healthy life. We appreciate the commitment to lead 1-2 workshops each following year.

We hope you will consider becoming a volunteer group leader for this worthwhile program. You will have fun, meet new friends and help others to positively self manage their chronic conditions.

No healthcare training is needed. No previous experience in leading groups is needed. The Training is free of charge to trainees. Costs of training are covered by the North West Region Self-Management Program (SMP) Budget. Lunch will be provided during the training.

## **Characteristics of a Volunteer Peer Leader**

- Responsible, respected, non-judgemental and trustworthy
- Able to problem solve
- Open to new ideas
- Able to keep confidentiality
- Committed to the philosophy of the program, its objectives and goals (Dedicated to adopting healthy living and self-management principals)
- Able to communicate on sensitive issues; is discreet and tolerant
- Able to facilitate a group discussion
- Committed towards helping others
- Enjoys meeting new people
- Comfortable with public speaking in small groups
- Willing to listen, learn new skills, and become a healthy role model

## **Leader Expectations**

- Co-facilitate standardized workshops at various locations in the community as assigned by the Training Supervisor or coordinated by an associated health care organization (groups are always led by pairs of leaders, working together)
- Commit to facilitate a minimum of one session annually
- Distribute, collect and record required participant data, such as online attendance sheets & evaluation forms, and return these to the SMP training supervisor or input them online.
- Work together with co-leader to fairly share the work load of all preparation, teaching and follow-up activities required.
- Notify Training Supervisor of equipment and material needs at the sites
- Notify Training Supervisor of all concerns re: facilities, class participants, and co-leader
- Teach only as directed in the leader's manual without additions or deletions
- Refrain from giving personal advice, selling or endorsing particular products to class participants
- Keep SMP training supervisor updated on your availability to facilitate workshop
- Assist program staff, if possible, with various other duties as designated and approved by the training supervisor, i.e. recruiting class participants, promoting program, clerical, etc.
- Arrange own transportation and not drive participants to workshops unless under their own risk and liability
- Abide by program rules and expectations

## **Volunteer Peer Leader Training Requirements**

Complete the full Leader's training course. Attend refresher sessions periodically to maintain certification.

Submit the attached "Volunteer Application Form".

## **About the "Healthy Change" Self-Management Program**

The North West Self-Management Program is coordinated and supported by the North West Community Care Access Centre (NWCCAC). It is a part of the North West LHIN's strategy for chronic disease management and funded by the Ministry of Health and Long-Term Care. PEP Talk, Healthy Feet and You was developed by and is additionally supported by the Canadian Association of Wound Care (CAWC). It is designed to give people with diabetes the skills and tools to learn best practices in foot care to avoid wound complications and potentially amputations.

Self-management workshops will help to link people to other programs providing disease education, exercise, nutritional counselling, and ongoing peer support.

Workshop groups meet for a one-time 2.5 hour education session. It is given in a community setting. The workshops teach self-management skills around foot care including regular foot checks, footwear issues, foot care teams, and tools for foot ulcer prevention.

### **About Volunteer Peer Leader Training**

*Volunteer Peer Leaders, persons with a chronic condition, are trained to deliver the CAWC licensed "PEP Talk: Diabetes, Healthy Feet and You workshop".* **Trainees" are required to attend the full 1-day Leader Training.**

Lay people living with diabetes, in particular those who *have experienced living with a wound, ulcer, or neuropathy in relation to diabetes* are invited to take part in this training to become a Volunteer Peer Leader in the North West "PEP Talk: Diabetes, Healthy Feet and You" Self-Management Program. Volunteer Peer Leaders may also be health service providers. Individuals working in health care settings will also benefit from the training and the opportunity to offer this effective workshop. Self-management workshops are a valuable complement to patient education programs. Leaders often register in pairs, since the PEP workshops are co-facilitated by 2 leaders working together.

Each Volunteer Peer Leader receives a Leader's Manual and the associated workshop supplies. We can accommodate only 25 trainees in each training session, so space is limited.

### **FREQUENTLY ASKED QUESTIONS**

#### **How much does the training cost?**

The training and materials are FREE.

#### **What is Self-Management?**

Self-management relates to the tasks that an individual must undertake to live well with one or more chronic conditions. These tasks include gaining confidence to deal with medical needs, every day roles & responsibilities, and emotional issues.

#### **As a healthcare professional, how will I benefit from this training?**

The "Healthy Change" Self-Management Volunteer Peer Leader training courses will expose you to new and empowering approach to self-management for those living with chronic conditions. Taking the training will allow you to mentor and support volunteer peer leaders to lead workshops in your community. The program will also enable you to better interact with the self-management workshops that are offered in your community. You will develop skills to support self-management in the patients with whom you interact.

**Who are the Trainers who lead the Training?**

The Trainers who deliver the Leader Training Workshops have received further training to be a 'train the trainer'.

**What will I learn as a Leader?**

As a Leader, you will have the satisfying task of integrating the contents of the program and learning group facilitation skills that can be transferred to other areas of your life. Most importantly, you will watch people affected by chronic conditions successfully manage their health conditions using the skills and tools that you have shared with them.

**What do Leaders do?**

Leaders must successfully complete and attend the full Leader Training Workshop. Ideally, Leaders should deliver the 1-day workshop within 3 months of the training. You must deliver the workshop at least once but ideally twice in a year. Leaders will also have the opportunity to participate in activities to promote & implement the course in the community.

**Is it difficult to be a Leader?**

No, it is not difficult to be a Leader. Leaders will have thorough training, and receive ongoing support from the Training Supervisor as needed. As far as the course material is concerned, the Leaders manual gives exact instruction and tips in a user-friendly structure. You do not need to be a health professional to lead this course. Leader refresher courses are scheduled from time to time to share experiences, ask questions and practice Leader skills.

A volunteer leader is not receiving any financial compensation for their role with the program.



North West  
**CCAC CASC**  
 Community  
 Care Access  
 Centre  
 Centre d'accès  
 aux soins  
 communautaires  
 du Nord-Ouest

## VOLUNTEER APPLICATION FORM

Type of Volunteer Peer Leader Training:

Location of Training Session:

Dates of Training Session:

<b>Please Mark 'X':</b> <input type="checkbox"/> <b>Mr.</b> <input type="checkbox"/> <b>Mrs.</b> <input type="checkbox"/> <b>Miss.</b> <input type="checkbox"/> <b>Ms.</b>		<b>Date:</b>
<b>First Name:</b>	<b>Last:</b>	<b>Phone:</b>
<b>Address:</b>		<b>Cell:</b>
<b>City:</b>		<b>Fax:</b>
<b>Postal Code:</b>	<b>Email:</b>	
<b>Notes:</b>	<b><u>CURRENT</u> SMP Certification:</b> <input type="checkbox"/> <b>CDSMP</b> <input type="checkbox"/> <b>DSMP</b> <input type="checkbox"/> <b>CPSMP</b> <input type="checkbox"/> <b>ASMP</b> <input type="checkbox"/> <b>Online SMP</b> Other _____	

Please check all that apply

<b>AVAILABLE TO LEAD WORKSHOP</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Mornings</b>							
<b>Afternoons</b>							
<b>Early Evenings</b>							

<b>Occupation</b>	<b>Employer</b>	<b>Contact/Phone Number</b>
<b>Emergency Contact</b>	<b>Relationship</b>	<b>Phone Number</b>
<b>Planned Date of 6-week workshop and Location</b>		

**Languages other than English:**

**(Spoken)** \_\_\_\_\_

**(Written):** \_\_\_\_\_

**Other than helping in the community, what are your reasons for wanting to become a volunteer?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe your previous volunteer and work experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your experience with elderly people or people with physical or cognitive disabilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Opportunities**

In addition to co-leading "PEP Talk: Diabetes, Healthy Feet and You" workshops, are you able to:

\_\_\_ Distribute posters or brochures \_\_\_ Arrange space, time and dates for a workshop

\_\_\_ Help to recruit participants \_\_\_ Register participants for a workshop

\_\_\_ Share your testimony on the program for promotional purposes (print, photo, testimony)

\_\_\_ Approach media on behalf of the "Healthy Change" workshops

Any other interests? \_\_\_\_\_

**Volunteer Commitment and Responsibilities**

There is NO COST for the Volunteer Peer Leader Training, but we require all trained leaders commit to co-lead one, 2.5 hour "PEP Talk: Diabetes, Healthy Feet and You" workshop each year. Are you able to make this commitment? **Yes** \_\_\_ **No** \_\_\_

**References**

**Please supply three references: (no family members living with you, please)**

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

3. \_\_\_\_\_  
Name Relationship Phone

**Before becoming a Volunteer Peer Leader:**

The volunteer recruitment procedures below are standard practice and help to promote a safe environment for self-management workshop participants and fellow Volunteer Peer Leaders.

I agree to participate in an interview in person \_\_\_\_\_ or by phone \_\_\_\_\_.

I agree to submit a "signed commitment" to:

a) honour my responsibilities as a Volunteer Peer Leader.

b) have read and adhere to the policies of the North West Community Care Access Centre including the "pledge of confidentiality" and "code of conduct".

I understand and agree to undertake or submit evidence of a valid Vulnerable Person Police Reference Check (completed within the past 2 years). I understand that if the Reference Check is not satisfactory, I may not be offered a volunteer position. This check might take several months to process and its expense will be reimbursed by the NWCCAC.

I \_\_\_\_\_, as a volunteer who is leading and delivering a program under the NWCCAC's license, release and hold harmless the NWCCAC and its assigns from any and all liability, claims and demands which arise from any actions of mine that are outside the actions I will be authorized to perform as a volunteer. I understand and acknowledge that this Release discharges the NWCCAC from any liability or claim that I may have against the NWCCAC with respect to bodily injury, personal injury, illness, death, or property damage that may result from any actions of mine that are outside the actions I will be authorized to perform as a volunteer to NWCCAC.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Photo and/or Media Consent release**

I give my consent to the NWCCAC to copyright, publish, or use my photographic image and or testimony in marketing & publicity pieces, including the internet, for the promotional purposes of the Self-Management Programs including *PEP Talk: Diabetes, Healthy Feet and You*.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**THANK YOU for your interest! Please complete this form and return to the NWCCAC: Fax: 345-8868 or Email: [michael.mcbride@nw.ccac-ont.ca](mailto:michael.mcbride@nw.ccac-ont.ca) This information will be kept in confidence. If you have any questions please contact 807 766-2824 or 1 800 626-5406**