



## Volunteer Leaders Needed

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

### 2011 Volunteer Peer Leader Training Session

Location	Dates (4 day blocks)	Times
TBD	TBD	9:30 a.m. – 4:30 p.m.

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

Leaders are not necessarily healthcare professionals. Volunteer Peer Leader Training is available for persons affected by chronic conditions including patients, family members, caregivers, & educators. Thousands of patients and caregivers have been trained to lead Self-Management (SM) Workshops in over 25 countries in all kinds of communities. Leaders are individuals interested in learning how to better manage their chronic conditions 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 4-Day Training is free of charge to trainees. Costs of training are covered by the North West Region Self-Management Project (SMP) Budget. Light breakfast and 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 (groups are always led by pairs of leaders, working together)
- Commit to facilitate a minimum of one full series annually
- Distribute, collect and record required participant data, such as attendance sheets & evaluation forms, and return these to the SMP training supervisor
- 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 or shall you bring in outside speakers (Stanford requirement)
- 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 4-day Leader's training course including practice teaching assignments  
Attend refresher sessions periodically to maintain certification.

**Where possible, we prefer that Trainees have completed the Self-Management Workshop as a participant before training as a leader.**

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. The Chronic Disease Self-Management Program, developed at Stanford University, is called "Healthy Change" here in the North West. It is designed to give patients and their families the skills and tools to help themselves manage the daily challenges of their chronic conditions.

Additionally some communities have the "Healthy Change" with Diabetes self-management program on a more limited basis in community and health care settings across the North West LHIN. Self-management workshops will help to link people to other programs providing disease education, exercise, nutritional counselling, and ongoing peer support.

Workshop groups meet once a week for 2 ½ hours, for six weeks. There are 8 – 16 participants in each workshop. It is given in a community setting. The workshops teach skills for living a healthy life, such as healthy eating and exercise; managing pain, fatigue, stress and medications; communicating with healthcare professionals; making decisions about treatments; planning ahead and problem solving.

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

*Volunteer Peer Leaders, typically persons with a chronic condition, are trained to deliver the Stanford University licensed "Healthy Change" Chronic Conditions & Diabetes Self-Management workshop.* Volunteer Peer Leader Training courses are a 4-day process. **"Trainees" are required to attend all four days of the Leader Training.**

Lay people living with chronic conditions, and their caregivers, are invited to take part in this training to become a Volunteer Peer Leader in the North West "Healthy Change" 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 all Stanford self-management workshops are co-facilitated by 2 leaders working together.

Each Volunteer Peer Leader receives a Leader's Manual and a copy of the "Living a Healthy Life" reference book. 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 four-day "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 be eligible to lead workshops in your community with another Volunteer Peer Leader who is most likely living with a chronic condition him or herself. 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 4-day Training?**

The Trainers who deliver the Leader Training Workshops are experienced course leaders who have received further training to become Master Trainers.

### **What is the difference between the "Healthy Change" Chronic Disease Self-Management workshop and the "Healthy Change" Diabetes Self-Management workshop?**

The basic skills and tools of Self-Management are taught in both workshops. The workshops are about 80% the same. The Diabetes workshop includes more specific information and activities that are helpful to participants living with diabetes. However, people with diabetes can attend the "Healthy Change" Chronic Disease Self-Management workshop and still learn self-management skills.

### **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 by using the skills and tools that you have shared with them.

### **What do Leaders do?**

Leaders must successfully complete a 4-day Leader Training Workshop. If feasible, we ask certified Leaders to commit to deliver the six-week course at least once but ideally twice in the following year. They will also have the opportunity to participate in activities to promote and 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. They are an opportunity to share experiences, ask questions and practice Leader skills. Leaders are provided with ongoing support and opportunities for education.



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>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> <b>Other</b> _____	

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?**

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

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

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**Opportunities**

In addition to co-leading "Healthy Change" 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, six-week "Healthy Change" 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 my 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 Stanford Self-Management Programs including Chronic Disease and/or Diabetes.

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

How heard about training:	References Checked:		
Plans to offer workshop:	Birthday:		
	Dietary restrictions:		
Application Reviewed <input type="checkbox"/>	Interview Scheduled <input type="checkbox"/>	Interview Completed <input type="checkbox"/>	
Graduated Training <input type="checkbox"/>	Police Check Received <input type="checkbox"/>	Instructed First Workshop <input type="checkbox"/>	Co-led 2 Workshops <input type="checkbox"/>

**THANK YOU for your interest! Please complete this form and return to the NWCCAC:**

**Fax: 807 345-8868 or Email: [charlene.snow@nw.ccac-ont.ca](mailto:charlene.snow@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**