

***Powerful Tools for Caregivers***  
**Class Leader Application – December 3 – 4, 2015**

Name: \_\_\_\_\_

**Home Address**

**Work Address**

Street: \_\_\_\_\_

Business: \_\_\_\_\_

City: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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?**

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**Please describe any personal care giving experience:**

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**Describe professional experience with family caregivers (if applicable).**

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**Do you have any experience facilitating or leading a group of adults? (If so, please describe type of groups led.)**

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**Years of experience:** None \_\_\_ 1 yr. or less \_\_\_ 2-5 yrs. \_\_\_ 5-10 yrs. \_\_\_ 10+ yrs. \_\_\_

**Do you have any specific connections to diverse ethnic communities where the *Powerful Tools for Caregivers* program could be beneficial? Please include any contacts you may have to community organizations serving these groups.**

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**All of the classes are co-led by trained Class Leaders. Are there any Class Leaders with whom you'd like to co-lead classes? Yes \_\_\_ No \_\_\_**

If yes, their names \_\_\_\_\_

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**Do you have any mobility issues or food allergies we should know about? Yes \_\_\_ No \_\_\_**

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**We expect every newly-licensed Class Leader to co-facilitate two PTC class series within the next year.**