

Mutual Support Group Facilitator Application

Date: _____ Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____ Cell Work

Email: _____ City/Location of Proposed Group: _____

PROFESSIONAL EXPERIENCE

Current employer:

Name: _____ Position Held: _____

City: _____ State: _____ Dates of Employment: _____

Previous Employer:

Name: _____ Position Held: _____

City: _____ State: _____ Dates of Employment: _____

VOLUNTEER EXPERIENCE

Organization: _____ Position Held: _____

City: _____ State: _____ Dates of Experience: _____

Describe your volunteer duties/activities:

Organization: _____ Position Held: _____

City: _____ State: _____ Dates of Experience: _____

Describe your volunteer duties/activities:

Please list any experience you have working with IBD patients and their families:

List any type of life experiences (professional or personal) you regard as relevant to facilitating a Mutual Support Group:

Please explain why you want to become a volunteer Mutual Support Group Facilitator for the Crohn's and Colitis Foundation of America:

Can you make the required commitment to the program? (for a minimum of 1 year) YES NO

If no, please explain:

Please list your ideas for building a successful support group (list 5-7 ideas):

Please list any other information about yourself that you would like to share:

Signature: _____ Date: _____

We greatly appreciate your interest in CCFA and your desire to facilitate a support group. Your application will be reviewed by our staff and you will be contacted soon.