Peer Leader signs day 1 of PL training;
Master Trainer retains.

Take Control of Your Health

Peer Leader Agreement

Name: _____

Organization: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Will you be facilitating Take Control of Your Health workshops as a volunteer, or as part of your job responsibilities with an employer?

Volunteer? ☐ Yes ☐ No Job? ☐ Yes ☐ No

Do you have any training as a health professional? ☐ Yes ☐ No

If Yes, please describe: _____

You cannot facilitate the course until you have successfully completed all four days of the training, and have been certified by your Master Trainer.

Responsibilities:
Leaders must facilitate the workshop **only** as outlined in the Leader Manual.

I agree to facilitate one entire Self-Management Workshop within 12 months. **I will deliver the material in strict accordance with the course as written in the Leaders Manual, and as taught to me at leaders training**.

I will report all planned workshops to my Master Trainer at least 2 weeks prior to the first workshop session. I will distribute and collect all required participant evaluation forms (as described in the data collection protocol) and forward them to the Master Trainer who will forward the forms to the New Jersey Department of Human Services (NJDHS) within 2 weeks after the final session.

Confidentiality:
I understand that anything I hear or see regarding individuals during my work with the Take Control of Your Health program must be kept in the strictest of confidence.

_____ _____
(Signature) *(Date)*