



Support Group Facilitation Application Packet

Hello,

Thank you for your interest facilitating a Crohn's & Colitis Foundation Support Group. Please review the roles and responsibilities of a Facilitator and then complete the attached application. Once that application has been completed, please click Submit and a staff person from your local chapter will reach out with next steps.

Steps to the Support Group Facilitation Process:

- Review facilitator roles and responsibilities
- Submit completed application
- Chapter submits application to the national office
- The Support Group Task Force (Volunteer committee of current Foundation Support Group Facilitators) will review the application
- A member of the Support Group Task Force will contact you for an interview
- Your chapter will notify you of the Task Force's decision

Total application time: 1 Month from receipt of the application.

We are very excited for this opportunity, thank you again for your support of the Foundation and interest in facilitating. Please contact us with any questions at info@crohnscolitisfoundation.org, or reach out to your local chapter (www.crohnscolitisfoundation.org/chapters).

Many thanks,
The Crohn's & Colitis Foundation

ROLE OF SUPPORT GROUP FACILITATORS

Facilitators are essential to the success of the support group. Facilitators will adhere to these guidelines in the development of their group and in the assessment of the group's effectiveness.

- A. Work closely with the Education & Support Manager to manage the group.
- B. Establish frequency and time of meetings; assist in selecting the meeting site, advertising, recruiting and support group reminders.
- C. At the request of group members, invite guest speakers on topics of interest. Ensure all guest speakers are approved by the Education & Support Manager. Speakers usually present during the first half of group time; remaining time is reserved for group discussion and support.*
- D. Support group Facilitators **do not** provide medical advice, treatment information or referrals. Professional and lay Facilitators provide education and create an open forum for group discussion. The support group is not a referral service or an opportunity for participants to seek a second option/medical advice.
- E. Facilitators with professional backgrounds (RN, MSW, MD, etc) need to submit a copy of their license and insurance coverage to the Education & Support Manager. All Facilitators with professional backgrounds are required to maintain their license and insurance coverage while volunteering for the Foundation. If a change in coverage occurs the Facilitator is responsible for notifying the Education & Support Manager immediately.
- F. Meet at least twice a year with the Education & Support Manager, communicate regularly and provide information on the status of the group at least once a month.
- G. For each meeting, keep track of attendance (see Sign-in form) and provide this information on the next business day to the Education and Support Manager or National Manager of Patient & Professional Programs.
- H. Credentialed professionals who have a personal history of Crohn's disease or ulcerative colitis must be at least one year post diagnosis before facilitating a support group.
- I. Possess effective communication skills to encourage, impact and explain often difficult topics in an approachable way.
- J. Willingness to report support group attendance at the end of each program to the Education & Support Manager or
- K. A willingness to evaluate the support group and be evaluated by the chapter Education & Support Manager or National Manager of Patient & Professional Programs.
- L. Resignation: give at least three months notice of their intention to leave their group and inform the chapter Education & Support Manger and Manager of Patient & Professional Programs prior to the announcement to the group(s).
- M. Group leaders step down as for a variety of reasons such as conflict of interest, personal conflicts or poor group leadership. Terminations may be initiated by Manager of Patient & Professional Programs, Education & Support Managers, or the Chapter Executive Director. Should this occur the national office would work closely with all parties toward a resolution and/or the termination of the relationship. Each case will be handled on a case-by-case basis.
- N. Consult with the Manager of Patient & Professional Programs or the Education & Support Manager as soon as possible on problems with the group or regarding problems with the local chapter.
- O. When possible, attend Foundation sponsored training conferences for group Facilitators, which are designed to enhance knowledge of medical and psychosocial issues in Crohn's disease and ulcerative colitis.

* No pharmaceutical representative speakers.



Crohn's & Colitis Foundation Support Group Facilitation Application Form

Date _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Cell Phone _____ Fax Number _____

Email address _____

Best time to reach me: _____ Best to reach me by: Phone Email

Occupation _____

Employer's Name _____

Employer's Address _____

City _____ State _____ Zip _____

Support Group Location (City and State): _____

Type of Support Group: General Pediatric/Parent College Other: _____

Please check the appropriate response to the following questions.

1. Are you over the age of 18? Yes No
2. Are you able to make at least a one-year commitment to being a Facilitator? Yes No
3. Have you reviewed the criteria for facilitating with the Education & Support Manager or a member of the chapter's staff? Yes No
4. Have you participated in a support group in the past? Yes No
5. Have you ever facilitated a support group in the past? Yes No

6. I am:

- Diagnosed with Crohn's disease Diagnosed with ulcerative colitis
 A healthcare professional A family member or friend of an IBD patient

7. Are you at least one year post-diagnosis? Yes No Does not apply

Please answer the following questions as completely as possible.

1. Why are you interested in facilitating a Crohn's & Colitis Foundation Support Group?

2. Describe your plan for maintaining communication with your support group co-Facilitator. If a miscommunication or disagreement occurred in your facilitation partnership, what steps would you take to resolve it?

3. What are your goals in facilitating a Crohn's & Colitis Foundation Support Group?

4. What skills do you bring that would enable you to facilitate a patient support group? Please describe your previous facilitation experience and list the organizations or institutions you have worked with in the past.

5. If applicable, please list any special licenses you possess (e.g. RN, MSW, LCSW, etc.).

6. Please describe how you would handle a participant that monopolizes the meeting.

7. Please describe how you would remain supportive to a participant that is actively involved but demonstrates disruptive behaviors (i.e. fidgeting or playing with paper) in the group and members of the group have expressed annoyance and displeasure regarding these behaviors.

8. Describe your prior involvement with the Foundation (How long have you been involved? Are you a member of the Crohn's & Colitis Foundation?). Please list any events you have attended.

9. Please list any other volunteer organizations you are involved with and your role there.

10. How many hours a month can you devote to facilitating this Support Group? How does this commitment impact your other volunteer activities or professional career?

11. How do you manage stress?

12. Please list topics/subjects that you would immediately feel comfortable leading the support group in discussing.

13. Have you ever been arrested or convicted of a crime? (Please do not list traffic violations).

Yes

No

If yes, please describe:

Please list three references.

Name: _____

Relationship to you: _____

Phone Number: _____

Name: _____

Relationship to you: _____

Phone Number: _____

Name: _____

Relationship to you: _____

Phone Number: _____

I certify that the information contained on this form is accurate. I authorize the Crohn's & Colitis Foundation to verify the information stated above. I understand that if I am selected, I will undergo a formal background check.

Applicant Signature

Date

Submit Form

If you want to save form and submit later, please email form to info@crohnscolitisfoundation.org.

You must have Adobe Reader XI in order to use the Submit Form button. Please check Adobe Reader version number from the Help menu. You can go to www.adobe.com to download the latest version.