

SUPPORT GROUP LEADER APPLICATION

Thank you for completing the Facial Pain Association Support Group Leader Application. If you need additional space to answer any of the questions, feel free to add to the end of the application.

Please review the Support Group Leader Guidelines. Submit your completed application to Regina Gore, Volunteer Coordinator at rgore@tnasupport.org. You may scan and email or simply email with your electronic signature.

CONTACT INFORMATION

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

If different from above

Preferred Support Group Leader Phone _____

Preferred Support Group Leader Email _____

PERSONAL INFORMATION

Relationship to facial pain

Patient___ Caregiver___ Spouse___ Family Member___ Health Professional___

Other (specify) _____

Language(s) spoken _____

Volunteer activities and experiences, current or past

TREATMENT INFORMATION

Please provide the following information for yourself, if you are affected with facial pain. Or, answer keeping in mind the person in your life affected by facial pain.

Diagnosis

Diagnosis Date

Age at diagnosis

Symptoms

Treatment(s) and date(s) include surgeries, medications, complimentary or alternative treatments

Do you consider treatment outcome(s) generally positive?

Is there anything else you would like to share about your facial pain journey?

QUESTIONNAIRE

What kind of group would you like to run?

In person only _____ Virtual by video conference only _____ Either _____

Why do you want to become an FPA Support Group Leader?

If you are looking to start a new group, do you have a core group of potential members you can call on?

Are you available to respond to emails and telephone inquiries in a timely manner?

Can you communicate effectively about current treatment options for TN and other neuropathic facial pain? If not, do you need additional information?

Do you enjoy speaking with people? Why?

Do you consider yourself a good listener? Why?

Do you currently attend, or have you attended, an FPA support group? If so, which one?

Do you currently serve as a group leader for a non-FPA group? If so, which one?

Do you read the FPA quarterly newsletter?

Do you read the FPA email Bulletin?

Do you regularly visit the FPA website?

Do you follow or participate in any FPA or other facial pain-related Facebook Groups? If so, which ones?

Are you willing to distribute FPA information to relevant healthcare providers your area?

ACKNOWLEDGEMENT AND SIGNATURE

Please sign below to certify that you have read, understood and will comply with the Support Group Leader Guidelines. By signing below, you also certify you will abide by FPA's mission, vision, and values. You will conduct all dealings with the public in a positive and professional manner, and will uphold that image on behalf of FPA.

I have accurately and truthfully completed this application and agree to the terms. Upon approval as an FPA Support Group Leader. I give FPA permission to disclose my contact information, demographic information, and additional related information to current and potential members of a Support Group.

SIGNATURE _____

Date _____

Return to Regina Gore at rgore@tna-support.org