

Alzheimer's Association Support Group Leader Application

Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Email: _____

Co-Facilitators Name: _____ (please have them complete a Support Group Leader Application)

Proposed Meeting Place: _____

Address: _____ City _____ Zip _____

Your affiliation:

Proposed Meeting Time and Date: _____

Why do you want to become a Support Group Facilitator?

What is your relationship to individual(s) with Alzheimer's disease (i.e. professional, former caregiver, primary caregiver, family member, etc)?

What type of group are you interested in organizing?

_____ Family/Caregiver Support Group

_____ Specialized Support Group (please explain below)
