

Well Spouse® Association
Support Group Leader Application

The Well Spouse® Association appreciates your willingness to apply as a Support Group Leader volunteer for our organization. Our in-person support groups are so important to so many.

Name _____

Address _____

Phone _____ EMAIL _____

You must be a Well Spouse to become a Support Group Leader. Please provide the following information:

Spouse's Illness or Disability _____

Year you became a spousal caregiver _____

Would you mind taking a moment to let us know what your reasons are for volunteering?

Would you also please attach a short biography to let us know a little about yourself.

Our Support Group Coordinator will get in touch with you after you submit this application and send you a Support Group Leader's Guide and other helpful information on starting your group. In addition, please let us know if you would like to speak with a Current Support Group Leader who can convey her/his expertise.

Please **COMPLETE and RETURN** this application form to the WSA office at **63 West Main St., Suite H, Freehold, NJ 07728, by fax at (732)577-8644 or by email (support@wellspouse.org)**.
