



# VESTIBULAR

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## DISORDERS ASSOCIATION

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5018 NE 15<sup>TH</sup> AVE · PORTLAND, OR 97211 · FAX: (503) 229-8064 · (800) 837-8428 · [INFO@VESTIBULAR.ORG](mailto:INFO@VESTIBULAR.ORG) · [VESTIBULAR.ORG](http://VESTIBULAR.ORG)

## Support Group Facilitator Application

### Section 1. Contact Information

Leader/Facilitator Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Work  Cell

Email: \_\_\_\_\_

### Section 2. Background

Occupation (optional: attach resume/CV):

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Educational Background: \_\_\_\_\_

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Current/previous volunteer activities: \_\_\_\_\_

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Experience leading groups: \_\_\_\_\_

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**Section 3. Group Leader/Facilitator Goals**

Please describe what you see as the role of a support group: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4. Meeting Logistics**

Location: \_\_\_\_\_

(Check here if this location is public , handicap accessible , confirmed )

Frequency:  Weekly  Monthly  Quarterly  Other: \_\_\_\_\_

Day/Date(s) & Time: \_\_\_\_\_

\*If you have a relationship with a vestibular specialist and/or clinic, please list:

\_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Mail, fax or email this form to:***

Vestibular Disorders Association (VEDA)  
Attn: Cassey Parrish, Patient Support Coordinator  
5018 NE 15<sup>th</sup> Ave, Portland, OR 97211  
Fax: 503.229.8064  
Email: [info@vestibular.org](mailto:info@vestibular.org)

***FOR VEDA USE ONLY:***

Added to directory  Added to meetings calendar

Membership Status: Current basic  Current Professional  New/Add

Network Mentor: \_\_\_\_\_

Professional Advisor: \_\_\_\_\_