



VESTIBULAR

DISORDERS ASSOCIATION

5018 NE 15TH AVE · PORTLAND, OR 97211 · FAX: (503) 229-8064 · (800) 837-8428 · INFO@VESTIBULAR.ORG · WWW.VESTIBULAR.ORG

Support Group Facilitator Agreement

Date: _____

Support Group Name/Location: _____

Place of Meetings: _____

Meeting Site Address: _____

Day/Time of Meetings: _____

Meeting Space Accommodates No.: _____ Group is: Newly Formed Existing

In carrying out its mission to support persons with vestibular disorders, the Vestibular Disorders Association (VEDA) assists individual support groups that meet in a variety of venues.

Definition: A support group is an open gathering of people with common problems, needs and interests who come together in a safe environment to share their feelings, thoughts and experiences in a combined effort to better cope with and manage the problems of living with a vestibular disorder. Members of the VEDA Support Group Network do not pay fees to VEDA. They operate autonomously with independent leadership subject to the stipulations laid out in this agreement. Support group leaders/facilitators do not receive compensation for their service.

This agreement formalizes the expectations for the roles and responsibilities of VEDA and each of its affiliated support groups.

The Vestibular Disorders Association agrees to:

1. Provide informational resources, brochures, and reference materials, including suggested meeting topics and outlines.
2. Provide information on research, resources, etc., through periodic facilitator meetings and additional correspondence.
3. Provide a support group mentor to answer questions about starting and running a support group.
4. Respect and maintain the confidentiality of support group attendees. Attendees may elect whether to share contact information with VEDA. Contact information will not be given to, or used by, other organizations.
5. Promote the support group by listing its meeting time and location on the VEDA website and Facebook page.

THE MISSION OF THE VESTIBULAR DISORDERS ASSOCIATION IS TO SERVE PEOPLE WITH VESTIBULAR DISORDERS BY PROVIDING ACCESS TO INFORMATION, OFFERING A SUPPORT NETWORK, AND ELEVATING AWARENESS OF THE CHALLENGES ASSOCIATED WITH THESE DISORDERS.
VEDA IS A 501 (C) 3 NON-PROFIT – TAX ID 93-0914340.



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6. Provide one free membership to the support group, managed by the SG leader, and discounts on the 1st year of membership for new members recruited through the support group.

Facilitators of Affiliated Groups agree to:

1. Explain the purpose of the group; establish a meeting format (consistent time and place, agenda, leadership); create an effective, supportive environment.
2. Inform new group participants about the mission, available information, resources and support available from VEDA.
3. Address confidentiality at the start of each meeting, including a statement that all information shared within the group is confidential. VEDA recommends that support group leaders inform attendees that dangerous or abusive situations shared during support group meetings may be referred to the appropriate authorities so that additional assistance can be provided (e.g. domestic abuse, suicidal confessions).
4. Provide a medical disclaimer reminding attendees that the information presented during the meeting is not meant as medical advice, and that they should consult with a medical professional before making changes that could impact their vestibular symptoms.
5. Refrain from engaging in activities relating to the support group for personal financial gain or which otherwise would present a conflict of interest or an appearance of impropriety. Specifically, the facilitator agrees not to use the support groups as a vehicle for the promotion or endorsement of specific services, organizations, or products, or as a vehicle for recruiting, soliciting, or any other commercial purpose.
6. Use VEDA educational materials (available for download at vestibular.org) as a primary reference. Use due diligence in researching the accuracy and validity of other materials, speakers, etc. used, with a preference toward materials that are validated by a well-known and respected medical institution. Agree to forward new/un-validated materials/information to VEDA.
7. Meetings should be held at least quarterly (minimum 4X/year), be free and open to the public—preferably in a public location such as a hospital or library, and be conducted in accordance with all the terms outlined within this agreement.
8. Notify VEDA prior to any change in Support Group leadership, regardless of whether this change is anticipated to be permanent or temporary. Notify VEDA, with a minimum of thirty (30) days written notice, if the group permanently suspends its meetings.
9. Participate in Balance Awareness Week by organizing/promoting awareness and fundraising events. Fundraising efforts should be channeled through VEDA's development department.
10. Encourage support group attendees to become VEDA members, while assuring them that it is not a requirement of participating in the support group.
11. Refrain from representing VEDA in media engagements. Any requests by media should be referred to VEDA's development department.

Governance: Members of the VEDA Support Group Network operate autonomously and without direct oversight from VEDA, its employees, officers or assignees. VEDA assumes no responsibility for the actions of support group leaders.



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Indemnity: VEDA does not indemnify any local groups or their Leaders/Facilitators for actions, decisions or statements made on behalf of the local group or in statements made in representation or misrepresentation of VEDA position statements.

Conflict Resolution: Should a conflict arise within the group, it is the responsibility of the Support Group Leader or Facilitator to address said conflict or complaint in the best interest of the group. VEDA maintains no authority to mediate conflicts, nor will VEDA take a position for or against any party.

Violations of this agreement may result in termination of the agreement. The Support Group Leader/Facilitator or the Group may terminate this agreement for other reasons with 30 days written notice. Upon termination, support group leaders/facilitators will return unused items to VEDA.

By signing below, the leader/facilitator named acknowledges their consent to the above listed conditions for operating a support group within the VEDA Support Group Network.

I, the undersigned, release and agree to hold harmless the Vestibular Disorders Association ("VEDA"), its directors, members, affiliates, and employees or executives of any and all liability that could be incurred as a result of my actions during the commission of my responsibilities as a VEDA Support Group Network Facilitator. I understand that I am engaging in activities that have a potential risk. I assume this risk and release VEDA, its directors, members, affiliates, and employees or executives of all liability with regard to any harm that I may sustain during my tenure as a VEDA Support Group Network Facilitator in any activity I participate in.

Facilitator Name (print): _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____ Home Work Cell

Email Address: _____

When signed below, the Vestibular Disorders Association acknowledges its responsibilities as set forth in relation to the above affiliated support group.

Cassey Parrish, Patient Support Coordinator
5018 NE 15th Ave., Portland, OR 97211
Phone: (800) 837-8428
E-Mail: info@vestibular.org

Date

* A signed copy of this agreement will be returned to the facilitator or affiliate named above.

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