

Why start a support group?

Of course, the only one who can answer this question is the prospective Support Group Facilitator, with input, perhaps, from his or her spouse or other family members.

Here are a few things to consider

Starting a support group takes time and energy.

However, it can also save time (looking for information and resources) and give you energy (the support of others).

□ **Starting a support group requires organization.**

However, it doesn't take a whole lot. It means being able to handle a yearly calendar, sign-up sheet, and mailing or telephone list with some skill, and knowing when to delegate even these basic tasks to others.

□ **Starting a support group is an ongoing commitment.**

However, it can be made in time-limited terms. You agree to lead the group for one year, with the understanding that someone else will “step in” at that time. **That someone else** should know who he or she is, and be working closely with you in order to get ready to lead.

□ **Starting a support group is not a one-person job.**

However, it is usually up to one energetic, well-organized (“visionary”) type of person to get the group going and keep them inspired. Beyond that, the success of the group is up to the group, and each member should have a “job” to do, no matter how small.

□ **Starting a support group may change your life.**

However, the change will be gradual --- and positive! You will no longer be able to be “anonymous” about your connection to lupus. In fact, you will find yourself becoming an unavoidable (even if unlikely) lupus advocate in your hospital or community. Now you have really started something!

□ **But a Support Group Facilitator has the power...**

- to communicate clearly
- to motivate others
- to be a leader
- to teach others your skills
- to make a difference in the Lupus Foundation of America
- to satisfy your own needs
- to create a new and/or different atmosphere in your life and in the lives of others

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LUPUSTM

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CHAPTER

LFA Facilitator Job Description

A Support Group Facilitator provides the leadership and organization for a support group according to guidelines established and approved by the group members. As such, the support group facilitator must possess excellent communication, small group process, conflict resolution, intervention and evaluation skills. A facilitator is encouraged to seek a partner to provide assistance with and backup for facilitating responsibilities.

Responsibilities:

- Arranges for a suitable, accessible, no-cost meeting place; makes appropriate room arrangements to ensure adequate seating is available; audio/visual equipment is present and working if needed; refreshments are provided if the group so desires. (Try to delegate these tasks).
- Informs the Chapter office/newsletter editor of the meeting date, time, place, etc., for printing in the newsletter or posting to the website. Also publicizes the meeting in local/neighborhood newspapers, if possible.
- Contacts new members in the area who have requested support group information.
- Keeps receipts, completes and files expense reports with the Chapter for reimbursement of appropriate, pre-approved purchases for the support group.
- Participates in determining the meeting time, format, discussion topics and/or speakers for future meetings.
- Facilitates group meetings, maintains a safe environment, encourages communication and guides the group in refocusing discussions when needed.
- Discusses suggestions, concerns, or problems of the support group with the Chapter staff.

- Attends an initial facilitator training session and annual refresher sessions thereafter.
- Encourages group members to join the Chapter.
- Reports to the Chapter Staff.

Philadelphia Tri-State Chapter Responsibilities/Resources Available:

- Provide literature to support meetings
- Promote support group availability via chapter publications and web site
- Provide additional marketing assistance as requested
- Assist with logistics as requested
- Provides training and ongoing support as needed

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LFA SUPPORT GROUP FACILITATOR APPLICATION

Personal Information

Name

Address

City, State, Zip Code

Daytime Phone

Evening Phone

Email

May we contact you at
work?

Yes

No

Professional Information

Job Title

Organization

Education

Why would you like to become an LFA Support Group facilitator?

Are you willing to assume the responsibility of Support Group Facilitator for at least one year?

Yes

No

Are you willing to commit to facilitating a minimum of eight meetings per calendar year?

Yes

No

Are you willing to work collaboratively with the LFA or Chapter which will include being supervised, submitting group reports, etc. during the time your group is operating?

Yes

No

The LFA strongly encourages all support groups to have a co-facilitator. Are you willing to work with a co-facilitator?

Yes

No

Do you have any co-facilitators in mind at this time? Yes No

If yes, please provide their contact information below. (Use additional sheet if more than one.)

Name

Address

City, State, Zip Code

Daytime Phone	
Email address	
Are you interested in facilitating any specific type of support group (such as online, pediatric, etc.)?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please state which kind:	
Have you ever been convicted of a felony or misdemeanor which resulted in imprisonment within the last seven years?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(A conviction will not necessarily result in the denial of a facilitator opportunity)</i>	
If yes, please explain:	
Personal References	
Give or attach separate sheet of three individuals (not relatives) who can provide a reference.	
Name:	
Relationship:	
Phone Number:	
Email Address:	
Name:	
Relationship:	
Phone Number:	
Email Address:	
Name:	
Relationship:	
Phone Number:	
Email Address:	
Personal Statement	
Please describe your background and experience (educational, professional, or volunteer) that will help you be an effective lupus Support Group Facilitator, such as knowledge of group facilitation, health education, or work with people who have chronic, autoimmune diseases, etc.	

Please write a brief statement describing your personal attributes and communication style that you feel will help make you successful as a Support Group Facilitator.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that false or misleading information given in my application or interview(s) may result in termination of the facilitator relationship. I also understand that I am required to abide by all rules and regulations of the LFA.

Applicant Signature: _____ Date: _____

LFA Chapter CEO or LFA Network
 Development Signature: _____ Date: _____

For office use only			
Received by:		Reviewed by:	
Next steps:			