



As a Peer Leader, I _____ (*print name*) agree to abide by all of the procedures for this program as set forth in the Stanford Leader manual and my Peer Leader Training. I agree to be held accountable for the following responsibilities:

Please initial each responsibility.

I have read and understand the *Peer Leader Position Description*. I have a copy as a reference to remind me of my responsibilities.

I agree to attend all four days of the Peer Leader Training and understand there are no exceptions for missing a day of the training. I also understand that due to the UAP covering registration costs (\$200/individual) a cancellation fee of \$200 will apply to me if I cancel within 14 calendar days of the training start date, or fail to attend and complete all four days of the training course.

I understand that if a volunteer stipend is offered by my sponsoring organization it will be agreed upon with my Living Well Coordinator.

I understand that if becoming a Peer Leader is part of my job or staff responsibilities, I have obtained supervisor approval and support, and my supervisor and Living Well Coordinator are in communication to coordinate time availability to lead workshops.

I understand I will be authorized to lead my first workshop only after I have satisfactorily passed all competencies during the Peer Leader Training, as approved by the Master Trainers.

I agree to co-lead my first six-week workshop within six months of completing the Peer Leader Training.

I understand that my Peer Leader Certificate will be sent to me after I co-lead my first workshop and submit the workshop data forms.

I understand that I must lead one workshop a year to maintain my certification or receive refresher training with a Master Trainer. Otherwise, I understand I need to attend another four-day Peer Leader Training to become re-certified.

I agree to ensure fidelity by delivering the program as set forth in the Stanford Leader manual, with no additions or deletions and following the script as outlined. I understand that guest speakers may not lead any part of the course.

I understand that I am a role model for the participants of self-management. I am committed to leading the workshop to the best of my abilities and be open to feedback.

I will refrain from using any professional or other titles unrelated to being a Peer Leader (RN, RD, etc.) during workshops. I agree not to offer personal advice, health advice, or medical advice during workshops. I agree to no selling, advertizing, or solicitation during class. I will not recruit class participants for any type of campaign.

I agree to introduce myself as a Peer Leader with the organization for which I am working or volunteering.

I will always co-lead with a trained Peer Leader. I agree to prepare in advance for each workshop including preparing materials and splitting responsibilities with my co-leader. I agree to respect my co-leader and resolve any differences in private, always maintaining a positive and open attitude. I will notify the Living Well Coordinator if differences cannot be resolved.



	I will arrive 15-30 minutes early to every workshop I co-lead in order to set-up a classroom, begin and end promptly, and clean up after.
	I agree to maintain workshop attendance forms and complete other workshop-related paperwork (Participant Information Form, Attendance sheet, data security documents, evaluations, etc) to submit to my organization's Living Well Coordinator within five work days of workshop completion.
	I agree to respect participant confidentiality and abide by all data security protocol requirements. I agree to keep participant contact information confidential and only use their telephone numbers and emails to remind them of the classes or assignments related to the class.
	I agree to respect participant diversity. No participant should be discriminated against or become the target of ridicule, disrespect, or gossip due to their ethnicity, religion, gender, national origin, age, physical disability, political affiliation, sexual orientation, color, marital status, veteran status or medical condition. Peer Leaders who exhibit discriminatory behavior will lose their affiliation with the project.
	I commit to co-lead each workshop to the full duration. If I am not able to attend a session due to illness or other circumstances beyond my control, I agree to notify my co-leader and Living Well Coordinator with at least 24 hours notice. I will make every effort to find a substitute Leader to take my place.
	I understand that is my organization's Living Well Coordinator; I agree to communicate with him/her regarding all program implementation details, including program fidelity and submitting workshop data. I will report any problems (with the host site, participants, co-leader etc.) to my Living Well Coordinator immediately.

I understand that failure on my part to adhere to the program policies and procedures can result in the loss of my status as a certified Peer Leader.

Name of Sponsoring Partner Organization

Peer Leader Signature

Date

Peer Leader Email

Peer Leader Phone

Living Well Coordinator Signature

Date

Living Well Coordinator Email

Living Well Coordinator Phone

Please indicate which Stanford Self-Management Program for which you are attending the Peer Leader training:

Living Well with Chronic Conditions

Living Well with Diabetes