



Support Group Facilitator Application

Submit application along with resume to Shannyn Romero at shannyn.romero@wingsfound.org. Include another page if additional space is needed.

Name:		Date:	
Address:		City:	Zip:
Phone (preferred):		Phone (secondary):	
Date of Birth:	Personal Email Address:		
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer Not to Answer		Identified Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____	
Language(s) Spoken:		Preferred Pronoun(s):	
Current Employer:		Position:	
Do you carry professional liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you, or can you, meet the requirements below? <input type="checkbox"/> Yes <input type="checkbox"/> No Professional Liability per Claim Unit \$1,000,000 (minimum) Professional Liability Aggregate Unit \$3,000,000 (minimum)		
Liability Insurance Carrier:	Policy Number:	Policy Exp. Date:	
Degree, License Type, License #, State and Certifications			
Degree(s)/Year(s):	License Type:	License #:	
State(s) where you can practice:		Certifications:	
Trainings, Specialties, Professional Organizations			
Trainings:			
Specialties:			
Professional Organizations:			
Are you a past or present Wings support group member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to make <i>at least</i> a year long commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain:	
Are you interested in facilitating an in-person or permanently virtual group? <input type="checkbox"/> in-person <input type="checkbox"/> permanently virtual <input type="checkbox"/> either			
What is your availability (days of week/AM and/or PM)?			
When are you available to start?			



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Please submit this application with your resume, along with your detailed answers to the following questions written in a separate document.

- 1) What would your greatest hopes be, if selected for this position?
- 2) What combination of skills, experience and attitude make you prepared for this role?
- 3) What would success look like for you if you were in this position?
- 4) What type of support would be helpful to you to achieve this success?
- 5) What do diversity, equity, and inclusion mean to you and why are they important in the workplace?
- 6) How did you hear about Wings? If you were referred by a current or former Wings facilitator or other community member, please provide their name and your connection to them.