

Member Information Form

Thank you for your interest in joining our Peer Support Group!
Please tell us a little bit about yourself.

<p>Basic Information Name: Preferred pronouns:</p>	
<p>Contact Information Phone number: Email address:</p>	
<p>Emergency Contact Name: Phone number:</p>	
<p>What are you looking for in a peer support group?</p>	
<p>What are some things you would like us to know about you?</p>	

Do you need any assistance or accommodations?	
Date of Completion	

The information you share with us will only be used for communications related to the peer support group meetings. We will not share this information with anyone. You can inform us to modify or delete this information at any time.

Informed Consent Form

Thank you in your interest in joining our Peer Support Group!

This document includes information about some of the procedures and policies for the Peer Support Group. People who are interested in becoming a member of this group are requested to read this document before confirming their participation.

If you have any questions, please contact:

Brief Description

Participation Requirements

Description of Activities

Group Goals

Personal Information

Participants must provide their name and contact information so that we can reach you with information and updates about the group meetings. You are also requested to share the name and contact information of an emergency contact. We will not share your personal information with anyone.

During meetings, you may use an alias to protect your information. Sharing details of your stroke, and other aspects of your life is not required for participation. All participants are required to maintain confidentiality about other members' identities and experiences.

Confidentiality and Privacy

Confidentiality is critical to peer support. Information that members share during meetings should never be discussed outside of the meeting. Please speak to a member of the planning team if you need any accommodation.

Signed Consent

- I have read and understood the information included in this document.
- I have asked questions and have received satisfactory answers.
- I agree to respect the rules set forth.
- I understand that I can leave at any time, which will void my consent.

I, _____,
agree to be a participant in this group.

Participant

Name: _____

Signature: _____

Date: _____

Peer Support Group Volunteer

Name: _____

Signature: _____

Date: _____

A signed copy of this document will be provided to you.
A second copy will be kept for group records.