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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | | | | | **Date:** | | | | |
| **Address:** | | | | | | **City:** | | | | | | | **Zip:** |
| **Phone (preferred):** | | | | | | | | **Phone (secondary):** | | | | | |
| **Date of Birth:** | **Personal Email Address:** | | | | | | | | | | | | |
| **Race/Ethnicity:**   American Indian or Alaska Native  Asian  Black or African-American   Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White   Multiple Races  Other  Prefer Not to Answer | | | | | | | | | | | **Identified Gender:**   Female  Male   Non-Binary   Other: | | |
| **Language(s) Spoken:** | | | | | | | | | | | **Preferred Pronoun(s):** | | |
| **Current Employer:** | | | | | | **Position:** | | | | | | | |
| **Do you carry professional liability insurance?**   Yes  No | | | **Do you, or can you, meet the requirements below?**  Yes  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?**  Yes  No | | | | | | | | | | | | | |
| **Are you able to make *at least* a year long commitment?**  Yes  No | | | | **If no, explain:** | | | | | | | | | |
| **Are you interested in facilitating an in-person or permanently virtual group?**  in-person  permanently virtual  either | | | | | | | | | | | | | |
| **What is your availability (days of week/AM and/or PM)?** | | | | | | | | | | | | | |
| **When are you available to start?** | | | | | | | | | | | | | |

**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.