## Walking Leader Registration Form

Congratulations you have taken a great step to improve your health and the health of those around you!

Please provide the following information. Your information will **not** be shared with another entity.

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Information | | | |
| Name |  | | |
| Home Address |  | | |
| Home phone |  | Cell phone |  |
| Email address |  | | |
| Work Address (optional) |  | | |
| Work phone (optional) |  | Work email (optional) |  |

|  |  |  |
| --- | --- | --- |
| Do you understand and agree to perform the responsibilities of the walking leader? (See Responsibilities of a Walking Leader) | Yes | No |
| Do you understand being a walking leader is a commitment with yourself and with the walkers in your group? | Yes | No |
| Are you willing to adapt to the needs of your walkers? | Yes | No |

Please return this page to Yuritzy Gonzalez Pena via email [Ygonzalezpena@co.marion.or.us](mailto:Ygonzalezpena@co.marion.or.us) mail 976 N Pacific Hwy, Woodburn OR, 97071 or Fax: (503) 566-2977.