



TRAINER RESPONSIBILITIES
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BodyWorks trainer responsibilities are outlined below:

1. To become familiar with research and all components of the BodyWorks toolkit
2. To complete a six-hour training session
3. To know all sections of the training manual
4. To train other facilitators to lead a parent/caregiver group, and to reproduce training manuals including PowerPoint CDs for trainers
5. To facilitate a group of parents/caregivers for 10 sessions (when possible) and motivate them to make positive healthy changes
6. To recruit participants to a group using materials developed by OWH
7. To assure that facilitator or participant contact information for each kit is forwarded to OWH
8. To identify effective facilitators to distribute BodyWorks and hold 10 sessions
9. To locate appropriate community resources to support facilitators and/or parents/caregivers
10. To serve as liaison to OWH regional and national offices for ongoing communication, tracking, and evaluation

A note about BodyWorks: This program is not for profit. The Office on Women's Health offers the toolkit for free to be used during training sessions. The program is designed for community use and the program sessions are provided to parents and caregivers at no charge.

BodyWorks Training Application

Please provide all of the requested information below and return by e-mail to bodyworks@hhs.gov or by fax at 202-842-4032.

Note: Trainings are filled on a first come, first-served basis based on when applications are received. Once your application form is received, you will be notified by BodyWorks staff of your registration status by email.

If you have any questions, please contact BodyWorks staff at 202-842-3600.

Preferred Training Date	
Name	
Organization	
Position/Title	
Address	
Phone	
E-mail	

- 1. Please describe your role in your organization as it relates to child and adolescent obesity prevention, healthy eating, and/or physical fitness programs or activities.**
- 2. Please describe your background and training in health education, nutrition, and/or physical fitness programs or activities.**
- 3. Why do you want to be trained to be a BodyWorks trainer?**
- 4. How do you plan to use your training once complete?**
- 5. Does your organization support you in implementing the BodyWorks program?**