

THE TRANSVERSE MYELITIS ASSOCIATION'S SUPPORT GROUP LEADER FORM

As a support group leader, I agree to:

1. Learn about Transverse Myelitis, Acute Disseminated Encaphalomyelitis, Neuromyelitis Optica, Optic Neuritis and other rare neuroimmunological diseases in order to become an expert in the field. Use our website as the main resource.
2. Be aware of community resources for people with those conditions.
3. Support the aims of The TMA, encourage people to join, keep track of membership information and send the updated information to The TMA periodically.
4. Reach out in a timely manner to new members and affected individuals to offer support, share my experiences, answer their questions, talk about the services and programs TMA offers, and connect them to others in the community.
5. Help the TMA promote programs to members such as family camps, symposia and fundraising activities.
6. Organize support group meetings.
7. Advise The TMA if I no longer wish to serve.

I also agree that I will not engage in the following conduct:

- I. I will NOT give medical advice to anyone in our community.
- II. I will NOT use any identifying data from the organization such as names, addresses, email, and phone numbers for any purpose other than to promote aims of TMA.
- III. I will NOT to provide membership lists of other data received from TMA to any other person or group without permission from The TMA.

I understand that I can be terminated as a support group leader for violation of these rules.

I, _____ have read and agree to the above

Signature _____ Date _____