

Attendance Sheet

Instructions: Peer Leaders are responsible for keeping track of who attends their groups. This attendance sheet, which can be found in your Toolkit, will help you do this. After each meeting, fill-in the date in the corresponding column, and check-off who attended. If you have a new member join the group, simply add their name and contact information on the next row. Once you have finished all eight meetings, please take a picture of the Attendance Sheet form and send it to our email address: contact@wovenwomenvets.org

Peer Leader Names: 1) _____ 2) _____

WoVeN City: _____

Group Member Name	Mailing Address	Email	Phone Number	Week 1 Date: _____	Week 2 Date: _____	Week 3 Date: _____	Week 4 Date: _____	Week 5 Date: _____	Week 6 Date: _____	Week 7 Date: _____	Week 8 Date: _____



Group Member Name	Mailing Address	Email	Phone Number	Week 1 Date: _____	Week 2 Date: _____	Week 3 Date: _____	Week 4 Date: _____	Week 5 Date: _____	Week 6 Date: _____	Week 7 Date: _____	Week 8 Date: _____



WoVeN Website

Check out the WoVeN website for other tools and information, including:

- ◆ Additional resources on our meeting topics
- ◆ The latest updates on WoVeN initiatives
- ◆ Information on other ways to get involved

www.WoVeNwomenVets.org



WoVeN Common Courtesies

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

WoVeN Letter to Yourself

Take a minute to write a letter to yourself. As you write, you may want to reflect on the goals you have for yourself, the other members of the group, and/or the WoVeN program in general. You can also consider the following questions:

- ◆ What does it mean to you to be joining a group of women Veterans?
- ◆ What are your hopes for yourself in this group? Do you have any specific goals?
- ◆ What role do you hope to play in the group?
- ◆ What are your hopes for the group as a whole?
- ◆ What challenges are you facing now or might you expect to face as you get started?





**Photo/Audio/Video and
Written/Spoken Content Release**

This document should be initialed and signed by all group members at the first meeting.
Please mail signed copies to the address below or email to contact@wovenwomenvets.org.

Women Veterans Network
Attn: Tara Galovski
150 S. Huntington Ave.
Boston, MA 02130

Statement of Informed Consent

I understand that the WoVeN program and Boston University School of Medicine and/or its members have asked my permission to make appropriate use of my photo/audio/video documentation and written/spoken content on the WoVeN website and other promotional materials.

It is understood that the WoVeN program and BU School of Medicine will exercise good judgment and high standards of ethics in putting this material to use.

By initialing below, I hereby **agree** that my:
____ photograph / audio / video documentation
____ written / spoken content

can be put to the above use by the WoVeN program and BU School of Medicine.

Print Signature Date

Address

Telephone

Witness Signature Date

OR

By initialing below, I hereby **do not consent** to the distribution of:
____ photograph / audio / video documentation
____ written / spoken content