

# FACILITATOR CONTRACT

[NAME FACILITATOR]  
[ADDRESS OF FACILITATOR]

[DATE]

Dear [FACILITATOR],

Thank you for agreeing to participate in the Positive Women's Network (PWN) Members' Wellness Retreat being held from [DATE OF RETREAT]. We depend on outside facilitators like you to make this a supportive, enjoyable and engaging event for our members. This letter will outline our agreement for your participation at the retreat.

## **AGREEMENTS**

- ✓ As discussed, you will facilitate a [TYPE OF WORKSHOP E.G., "BELLYDANCING 101"] at the upcoming PWN Wellness Retreat.
  - For this workshop YOU will provide the following supplies:
    1. [E.G., VEILS, CYMBOLS, MUSIC]
  - For this workshop WE will provide the following supplies:
    1. [E.G., CD PLAYER]
- ✓ You will be facilitating your workshop on [MONTH/DAY/YEAR] from [TIME PERIOD]. Please arrive at least 30 minutes prior to your scheduled workshop in order to set-up the workshop space.
- ✓ PWN will pay you an honorarium of [AMOUNT] for the provision of your services. You will be paid after your workshop and you will be asked to sign an honorarium form.
- ✓ PWN will reimburse you [MILEAGE REIMBURSEMENT] per kilometer for travel costs of (please keep track of your mileage).

## **PLEASE READ THE FOLLOWING:**

- In order to make the retreat environment a comfortable space, we ask that the all workshop facilitators (including massage therapists) agree to REFRAIN FROM SOLICITATION of their particular services with the retreat participants and staff. We also prohibit the selling of any and all products at the retreat site (E.g. herbal tinctures, massage oils, etc.)
- All workshops offered at the PWN Wellness Retreat are open to all retreat participants; attendance is voluntary and PWN cannot guarantee a minimum attendance for any workshop.
- We ask that all facilitators REFRAIN FROM ENGAGING IN ANY KIND OF COUNSELLING OR PSYCHO-THERAPY WITH THE PARTICIPANTS, unless this kind of service is contracted with the Retreat Coordinator.

**PLEASE SIGN:**

I have read all aspects of this contract as stated above. I understand and agree to its terms. Furthermore, I understand that intentional or involuntary violation of this contract may result in the termination of my association with PWN.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**THINGS TO DO:**

1. **Please read, sign and return the attached PWN confidentiality policy to the PWN office.**
2. **Please read, sign and return this contract to the PWN office. Photocopies will be accepted.**

Thank-you for your commitment to this retreat!

Sincerely,

[NAME OF RETREAT COORDINATOR]  
Retreat Coordinator

The Positive Women's Network respects your privacy, and is committed to protecting your personal information. PWN has policies and procedures that conform to the requirements of the BC Personal Information Protection Act (PIPA). The information you provide to PWN on this form will be maintained as a secure, confidential record. PWN maintains appropriate safeguards regarding the privacy of members, volunteers, supporters, and staff. Please contact us if you wish to see our complete PWN Privacy Policy.