



## Shared Interest Group (SIG) Proposal Form

Thank you for your interest in creating and facilitating an OLLI Shared Interest Group (SIG). A SIG brings together persons who have a common interest that they wish to pursue indefinitely within a structure of meetings and/or activities designed primarily by the members of the group. A SIG is a participatory group that typically strives to develop a sense of community and friendship among its members even as it endeavors to enhance members’ skills, education and experiences

A SIG is proposed by an individual who is considered to be the SIG facilitator.

To propose a new SIG: Please complete the following form and submit it to the OLLI or **via email address of olli staff member or via U. S. Mail**. We will try to respond to your proposal within the next two weeks. Your proposal will be evaluated by the SIG Committee and OLLI staff. Prior to approval, you (the proposed SIG facilitator) will meet with several members of the SIG Oversight Committee to discuss your proposed SIG. To be advertised in the fall 2023 OLLI catalog, a SIG proposal must be reviewed and approved by mid-May, 2023.

**This proposal would be for a SIG that would start in the Fall of 2023.** Once a new SIG is approved, OLLI staff will coordinate with the facilitator to provide advertising, pricing, etc.

**SIG Title (area of interest)** \_\_\_\_\_

**Your Name**  
**Address**  
**Phone number**  
**E-mail address**

**Description of SIG:**  
**Limit to 100 words.**  
Describe the area of interest that will be explored. This description will be put into the OLLI catalog.

**Provide a brief summary of your background in the area of interest and any experience you have in introducing the topic to others who are interested in it.**

**Briefly describe your understanding of a facilitator's role:**

**Mechanics:**

We will try to accommodate your requests for day of the week, time and location for the SIG to meet; but we cannot guarantee your first choice. Please be as flexible as possible when suggesting day of the week, time and location for the SIG to meet.

**Format** (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Shared Demonstration | <input type="checkbox"/> Visits to relevant sites |
| <input type="checkbox"/> Discussion           |   |
| <input type="checkbox"/> Active participation | <input type="checkbox"/> Media viewing            |

**Approximately how often will SIG meet?**

- Once a month
- By Decision of the SIG
- According to room Availability

**Approximately how many hours will each SIG meeting last?** \_\_\_\_\_

**Do you need set up time prior to each meeting?**  Yes  No If so, how much? \_\_\_\_\_

**What is your preferred start date?** (Earliest start date is 9/1/20)

- Preferred date \_\_\_\_\_
- No preference

**What are your preferred days of the week?**

(check all that apply; please be flexible)

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Thursday      |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Friday        |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> No preference |

**What is your preferred time of day?**

- Morning
- Early Afternoon
- Late Afternoon

**What is your minimum number of participants?** \_\_\_\_\_

**What is your maximum number of registered participants?** \_\_\_\_\_

OLLI members can join the SIG at any time until the maximum number is reached. Afterwards, vacancies are filled from a wait list.

**Are there any prerequisites for the participants? Please describe:** \_\_\_\_\_

**Venue request:**

- |  |  |
|--|--|
| <input type="checkbox"/> No preference                     | <input type="checkbox"/> Saline Senior Center                    |
| <input type="checkbox"/> Bank of Ann Arbor (Plymouth Rd.)  | <input type="checkbox"/> Sanctuary at St. Joe’s Village          |
| <input type="checkbox"/> Brecon Village (Saline)           | <input type="checkbox"/> Temple Beth Emeth/St. Clare’s Church    |
| <input type="checkbox"/> Brookhaven Manor                  | <input type="checkbox"/> Trinity Lutheran Church                 |
| <input type="checkbox"/> Church of the Good Shepherd       | <input type="checkbox"/> Turner Senior Resource Center           |
| <input type="checkbox"/> Community Health Service Building | <input type="checkbox"/> UM North Campus Research Complex        |
| <input type="checkbox"/> First Presbyterian Church         | <input type="checkbox"/> University Commons                      |
| <input type="checkbox"/> Jewish Community Center           | <input type="checkbox"/> Balfour Senior Living (2830 S. Main St) |
| <input type="checkbox"/> Other (specify or describe)_____  |  |

**Audio-visual equipment needs:**

*\*SIG leaders may use their own laptop if needed and may request one from the OLLI office, dependent upon availability.*

- |   |                                    |   |                                 |
|---|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> TV/DVD                   | <input type="checkbox"/> Projector | <input type="checkbox"/> Speakers (for projector) | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Hearing Loop             |                                    |   |                                 |
| <input type="checkbox"/> Wireless Internet Access |                                    |   |                                 |
| <input type="checkbox"/> Other (specify):_____    |                                    |   |                                 |
| <input type="checkbox"/> At every meeting _____   |                                    |   |                                 |
| <input type="checkbox"/> As requested _____       |                                    |   |                                 |

**Any questions? Please contact:**

**Name of the appropriate, OLLI Assistant Director**  
**OLLI at the University of Michigan**  
**A program of the Geriatric Center**  
**Email of appropriate OLLI staff member**  
**734-998-9357**

