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)**

<table>
<thead>
<tr>
<th>Your Name</th>
</tr>
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<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone number</td>
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<td>E-mail address</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Briefly describe your understanding of a facilitator’s role:</th>
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**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)

- [ ] Shared Demonstration
- [ ] Discussion
- [ ] Active participation
- [ ] 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)

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] 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:  

☐ No preference  ☐ Saline Senior Center  
☐ Bank of Ann Arbor (Plymouth Rd.)  ☐ Sanctuary at St. Joe’s Village  
☐ Brecon Village (Saline)  ☐ Temple Beth Emeth/St. Clare’s Church  
☐ Brookhaven Manor  ☐ Trinity Lutheran Church  
☐ Church of the Good Shepherd  ☐ Turner Senior Resource Center  
☐ Community Health Service Building  ☐ UM North Campus Research Complex  
☐ First Presbyterian Church  ☐ University Commons  
☐ Jewish Community Center  ☐ Balfour Senior Living (2830 S. Main St)  
☐ 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.  

☐ TV/DVD ☐ Projector ☐ Speakers (for projector) ☐ Screen  
☐ Hearing Loop  
☐ Wireless Internet Access  
☐ Other (specify):___________

☐ At every meeting ____________________________

☐ 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