

# ZOOM GROUP FORM



Date: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Zoom Group Name: \_\_\_\_\_

Zoom Group  
Meeting Times: \_\_\_\_\_

Group to Meet:

Monthly

Bi-monthly

Weekly

Other. Explain: \_\_\_\_\_

Zoom Facilitators: \_\_\_\_\_

Outline/Purpose of Group Activities:

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Primary Contact for  
Info/Follow-up: \_\_\_\_\_