

**ROOTS OF SOUTH LOS ANGELES  
WELLNESS CENTER**

**WELLNESS** **WORKSHOP APPLICATION**

**Mission Statement**

“Our mission is to center the healing of Black, Indigenous and People of Color communities by providing culturally traditional and holistic mental health and wellness services. Roots of South Los Angeles Wellness Center will provide a brave and inclusive space to mobilize community empowerment through wellness, education, and advocacy.”

Thank you for your interest in our Wellness Workshops. **Roots of South Los Angeles Wellness Center** is a grassroots 501c3 tax-exempt nonprofit organization. Our hope is that our workshops will provide a wellness space for staff, students, and/or the community at large that incorporate decolonized, holistic and traditional healing practices.

We look forward to hearing from you!

Liliana V. Muñoz, LCSW & Adriana L. Medrano, PhD

Co-Founders

Roots of South Los Angeles Wellness center

**WORKSHOP REQUEST FORM**

Please send all requests with at least 4-6 weeks’ notice to allow time for preparation

Email completed form to: **rootsofsouthla@gmail.com**

**Today’s Date:** Click here to enter a date. **Agency Name**: Click here to enter text.

**Address & Zip Code**: Click here to enter text.

**Contact Person & Title**: Click here to enter text.

**Phone #:** Click here to enter text. **Fax #:** Click here to enter text.

**Email Address:** Click here to enter text.

**\*Our current availability is limited. Please include below preferred dates/times for the workshop:**

**Request Date: (please provide at least 2-3 options).**

1st Choice Date/Time: Click here to enter a date. / Click here to enter time.

2nd Choice Date/Time: Click here to enter a date. / Click here to enter time.

3rd Choice Date/Time: Click here to enter a date. / Click here to enter time.

**Agency Description**

(What does your agency/organization/collective do? What populations/communities do you serve?)

Click here to enter text.

**Demographics**:

How many people are expected to attend?Click here to enter text.Age Group: Click here to enter text.

Please describe group attending: (clinical staff, community members, students, etc.): Click here to enter text.

Other relevant information: Click here to enter text.

**What workshop topic(s) are you requesting (mark all that apply)?\***

|  |  |  |
| --- | --- | --- |
| **Vicarious Trauma** | **Decolonized/Traditional Healing & Wellness Practices** | **Self-Care/Burnout/Compassion Fatigue** |
| **Healing Justice/Liberation Practices** | **Healing the Healer** | **Other:** Click here to enter text. |

**\*Fees: Our fee for service for a Wellness Workshop, including prep time, transportation & materials/supplies varies depending on the topic(s) requested and number of people in attendance. Please provide us with an estimate of your organization’s budget for the workshop and we can discuss further how to best meet the needs or your organization:** Click here to enter text.

We will contact you within 7 business days of receiving your request. Please do not hesitate to contact us in the meantime if any questions/concerns arise at [rootsofsouthla@gmail.com](mailto:rootsofsouthla@gmail.com) Also, follow us on our IG/FB pages @rootsofsouthla for more information and resources!