



Facilitator Application
Alabama Training
February 20-21, 2008

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Email: _____
Phone: _____
Cell: _____
Work: _____
Fax: _____

Best time to call: _____

Reference (Name and email or phone): _____

(Please note: Your reference should be someone who knows you well enough to recommend that you be trained to become a facilitator.)

Are you a member of NAMI? Yes: _____ No: _____
If **yes**, Local Affiliate: _____
If **no**, are you willing to join? Yes: _____ No: _____

Have you ever been convicted of a felony? Yes: _____ No: _____
If **yes**, please explain:

Please tell us why you want to be a NAMI Connection Recovery Support Group Facilitator (You can use the back of this page):

Job Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Connection Recovery Support Group model
- ✓ to adhere to fidelity to the NAMI Connection Recovery Support Group model is required
- ✓ Commitment to perform support groups for a minimum of one year
- ✓ Ability to provide group participant data as required
- ✓ Willingness to identify potential new facilitators from their support groups
- ✓ Positive regard for, or personal experience with mutual support
- ✓ Be or become a member of NAMI

Availability to co-facilitate NAMI Connection Groups (Check **all** that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own transportation? Yes: _____ No: _____

Public Transportation? Yes: _____ No: _____

Are you willing to travel? Yes: _____ No: _____

If yes, how far: _____ 5-10 miles _____ 11-20 miles _____ More than 20 miles

What language(s) other than English do you speak fluently?

Information needed should you be selected to attend training:

1. Do you have any dietary restrictions or food allergies? If so, please specify.

2. Do you need any special accommodations that we should be aware of? If so please specify.

3. Will you be requiring overnight accommodations for Thursday night?

Yes: _____ No: _____

4. Do you have transportation? Yes: _____ No: _____*

* If yes, would you be willing to transport other participants?

Yes: _____ No: _____

- I have read and understand the NAMI Recovery Support Group Facilitator job requirements.
_____ (initial)
- I understand that my attendance at Facilitator Training does not guarantee that I will be certified as a NAMI National Recovery Support Group Facilitator.
_____ (initial)
- If selected to attend -

Attending the NAMI Recovery Support Group Facilitator Training, and receiving certification as a facilitator, I acknowledge that I am making a commitment to facilitating a support group once a week for a one year period.

(Date)

(Signature)

PLEASE FILL OUT AND RETURN TO:

**NAMI Alabama
4122 Wall Street
Montgomery, AL 36106
1-800-626-4199**

