



**Facilitator Application**  
Training to be held on:  
April 30<sup>th</sup> and May 1<sup>st</sup>, 2011  
Boston, MA

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: \_\_\_\_\_

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

**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. 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 for a one year period.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**PLEASE FILL OUT BY <April 15, 2011> AND RETURN TO:**

**Laura Blockel  
PO Box 992  
Sturbridge, MA 01566  
508-344-9971  
[lblockel@namimass.org](mailto:lblockel@namimass.org)**

