



Facilitator Application
Georgia Training
Mercer University
School of Nursing
3200 Flowers Rd. Atlanta, Ga. 30341
July 16 - 18, 2010

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ 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 **no**, are you willing to join? Yes _____ No _____

Please attach completed Membership Application Form

Have you ever been convicted of a felony? Yes _____ No _____

If **yes**, please explain:

How long have you been attending NAMI Facilitated Support Groups?

Please list other support groups you are attending or have attended:

Please tell us why you want to be a NAMI Connection Recovery Support Group Facilitator:



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 weekly 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 ___

5. Agreements

- I have read and understand the NAMI Family Support Group Facilitator job requirements.
_____ (initial)
- I understand that if there are more applicants than training slots, I may be placed on a Waiting List for the Training. If I am, I will keep the Training Weekend open in the event a training slot opens up for me.
_____ (initial)
- I understand that my attendance at Facilitator Training does not guarantee that I will be certified as a NAMI Family Support Group Facilitator.
_____ (initial)
- If selected to attend the NAMI Family Support Group Facilitator Training, and receiving certification as a facilitator, I acknowledge that I am making a commitment to facilitating a support group twice a month for a one year period.
_____ (initial)
- Once I am certified, I will begin facilitating no later than _____ *date*
_____ (initial)
- My group already conducts meetings at _____ *location* and we already conduct weekly meeting or intend to go to weekly meetings after the training.
- OR -
We have already secured the following location to begin a new support group after the Training. _____ *address*
_____ (initial)

(Date)

(Signature)

PLEASE FILL OUT AND RETURN BY July 9, 2010

TO:

Jean Dervan

NAMI Georgia

3050 Presidential Drive Suite 202

Atlanta, GA 30340

Fax- 770-234-0237

NAMI-GA@nami.org

Did you remember to:

- Get a Letter of Recommendation from your affiliate leadership (where applicable) and include it with this application?**
- Ask for Friday off of work?**
- Complete and include your Membership Application Form, if you are not currently a member?**