



Facilitator Training Application

Training Date: May 11-13, 2012

Training Location: Crowne Plaza Hotel Richmond Downtown

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

Best time to call _____

Are you a member of NAMI? Yes _____ No _____

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

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

If **yes**, please explain:

Job Requirements: (please initial)

- _____ Willingness to undergo training and to adhere to fidelity to the NAMI Connection Recovery Support Group model
- _____ Mental health consumer working towards personal recovery
- _____ Commitment to perform weekly support groups for a minimum of one year
- _____ Understands this is a volunteer opportunity
- _____ 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

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

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_____

4. Do you have transportation? Yes_____*

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

If selected to attend I agree to attend the NAMI Recovery Support Group Facilitator Training, and 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:

Sarah Eisenman, NAMI Virginia Program Coordinator at PO Box 8260 Richmond, VA 23226 or FAX- 804-285-8464. For questions please call 804-285-8264 x203 or email seisenman@namivirginia.org. Deadline for applications is 4/30/2012.