



NAMI Support Group Facilitator Application

Training Time Commitment: (2) 8 hour days

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ 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 current NAMI member?

Yes. Please provide affiliate name: _____

No, but I will become a NAMI member prior to the training (*requirement*).

NAMI Family Facilitator Requirements:

- Are personally a family member or ‘like family’ friend of a loved one living with mental illness
- Willingness to undergo training and adhere to the fidelity of the NAMI Family Support Group model
- Commitment to perform a minimum of a weekly (preferred), twice monthly or monthly support group for a **minimum of one year**
- Willingness to identify potential new facilitators from the support group
- Positive regard for, or personal experience with mutual support groups
- Be or become a member of NAMI

Availability to co-facilitate NAMI Family Support 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 for the group? Yes ___ No _____

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

Please tell us why you feel the timing is right to start a family support group?

What if any, experience do you have with NAMI, either previous or current (member)?

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.*_____

- I have read and understand the NAMI Family 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 Family Support Group Facilitator. ___ (*initial*)
- If selected to attend, and receiving certification as a facilitator, I acknowledge that I am making a commitment to facilitating a support group once a week (preferred), twice a month or monthly for a one year period. _____ (*initial*)

PLEASE COMPLETE AND RETURN FORM TO:

NAMI Keystone Pennsylvania c/o Susan Caban
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Pittsburgh, PA 15237
FAX: 412-366-3935 Email: scaban@namikeystonepa.org