



NAMI
National Alliance on Mental Illness

Keystone Pennsylvania

NAMI Family Support Group Facilitator Application

Training Time Commitment: (2) 8 hour days

Name _____

Address _____

City/State/Zip _____

Preferred Phone (H) _____ Mobile _____

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. *(NAMI program leaders are required to be a member of NAMI.)*

NAMI Family Support Group 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 as a facilitator a minimum of once a month at a NAMI Family Support Group meeting 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
10 miles 20 miles

Please tell us why you have decided to become a NAMI Family Support Group Facilitator:

Identify personal skills or experience that you believe will aid in being a NAMI Family Support Group Facilitator:

Have you been convicted of a felony? Yes No *if yes, please explain below*

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 (pg 1). _____ *(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 NAMI support group at least once a month for a one year period. _____ *(initial)*

PLEASE COMPLETE AND RETURN FORM TO:

NAMI Keystone Pennsylvania c/o Susan Caban
105 Braunlich Drive, Suite 200, McKnight Plaza
Pittsburgh, PA 15237
FAX: 412-366-3935 Email: scaban@namikeystonepa.org