



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:**

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

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

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**Information needed should you be selected to attend training:**

1. Do you have any dietary restrictions or food allergies? *If so please specify.*

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2. Do you need any special accommodations that we should be aware of? *If so please specify.*

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- 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](mailto:scaban@namikeystonepa.org)