



NAMI Keystone Pennsylvania  
**Connection Peer Support Group  
Facilitator Application**

**This is a mandatory, 2-day training.** There is no cost for the training or supplies. A light breakfast, lunch, and snack will be served on both days.

Travel and accommodations are not included with the training. Hotel information will be provided on the website, [www.namikeystonepa.org](http://www.namikeystonepa.org)

**Applicants are required to submit an application to their local NAMI affiliate. NAMI Affiliates should interview each potential candidate before forwarding application to the state organization.**

**Requirements of NAMI Connections Peer Support Group Facilitator:**

- Must be an individual with a mental health diagnosis who identifies themselves in recovery
- Willingness to undergo 2-day NAMI Connection Recovery Support Group model training
- Maintain fidelity of the NAMI Connection Recovery Support Group model is required
- Commitment to facilitate support groups for a minimum of one year
- Ability to provide group participant data as required with the support of NAMI Affiliate
- 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

**CONNECTIONS SUPPORT GROUP FACILITATOR TRAINING APPLICATION**

Name:

Address:

City:

State:

Zip: \_\_\_\_\_

Email:

County: \_\_\_\_\_

Mobile:

Daytime:

Best time to call:

**Reference** *(Name and email or phone):*

(Your reference should be someone who knows you well enough to recommend that you be to a trained facilitator.

**\*Are you currently a member of NAMI?** Yes:      No:

- **If yes, which Affiliate:** \_\_\_\_\_ **If no, are you willing to join?** Yes:      No:

*\*Membership is requirement for NAMI Program leaders.*

**Connections Support Group generally meet twice a month at minimum. Please indicate your 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 willing to travel for support group meetings?**      Yes:      No:

**If yes, how far:**      5-10 miles      11-20 miles      More than 20 miles

**Are you fluent in other languages besides English?** If yes explain.

**Are you familiar with NAMI Connections Recovery Support Groups?** Yes:      No:

**Please explain your experience with the group or NAMI:**

**Do you have any concerns with the time commitments required of a Connections Support Group facilitator? Please explain.**

**Why do you want to be a NAMI Connection Recovery Support Group Facilitator?**

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**Briefly describe what recovery means to you and where do you feel you are at this time in your recovery.**

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**Have you participated in a peer support group before? \_\_\_\_\_**

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- I have read and understand the NAMI Connections Recovery 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 National Recovery Support Group Facilitator. \_\_\_\_\_ (initial)
- I acknowledge that all presenter/training materials and handouts are protected by copyright and will not copy without permission of the copyright holder. \_\_\_\_\_ (initial)
- After successful completion of the training, I agree to facilitate a group for at least one year. \_\_\_\_\_ (initial)

**Please send completed applications by mail, email or fax to:**

NAMI Keystone Pennsylvania, Attn: Susan Caban, Director of Education  
105 Braunlich Drive, Suite 200, Pittsburgh PA, 15237  
Fax: 412-366-3935 or email: [scaban@namiswpa.org](mailto:scaban@namiswpa.org)



## Participant Emergency Form

### Emergency Information:

Contact Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Telephone numbers (2 preferred) \_\_\_\_\_

Do *you* have cell phone number we can reach you at that weekend? \_\_\_\_\_

Medical/Physical or Diet Considerations or Accommodations (please explain):

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Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

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