



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

Participants must be present on both training days. If you are unable, you will not be certified as a facilitator. There is no cost for the training or supplies. This training will be held online. Please make sure you have reliable internet and a device that has a webcam and mic.

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?

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

Have you participated in a peer support group before? _____

- 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: Debbie Ference, COO
105 Braunlich Drive, Suite 200, Pittsburgh PA, 15237
Fax: 412-366-3935 or email: info@namikeystonepa.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):

Signed _____ Print Name _____

Date _____

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