

Facilitator Application NAMI Alaska Training September 2-3, 2017

Name:

	State:		Zip:	
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	Cell	:		
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ocal Affiliate:				
you willing to join? Yes	:	No:		
<u> </u>	? Yes:		No:	-
:	er of NAMI? Yes: ocal Affiliate: you willing to join? Yes	cer of NAMI? Yes: No: ocal Affiliate: you willing to join? Yes: een convicted of a felony? Yes:	cer of NAMI? Yes: No: ocal Affiliate: No: een convicted of a felony? Yes: No:	er of NAMI? Yes: No: ocal Affiliate: No: you willing to join? Yes: No: een convicted of a felony? Yes: No:

Please tell us why you want to be a NAMI Connection Recovery Support Group Facilitator (You can use the back of this page):

Volunteer Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Connection Recovery Support Group model
- ✓ Commitment to perform support groups for a minimum of one year
- ✓ Ability to provide group participant data as required
- ✓ Positive regard for, or personal experience with mutual support
- ✓ Be or become a member of NAMI

Availability to co-facilitate NAMI Connection Groups (Check <u>all</u> that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Morning	•		•		•		•			
Afternoon										
Evening										
Do you have your own transportation? Yes: No:										
Public Transportation? Yes: No:										
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.										
4. Do you ha	ve transporta	ition?	Yes:	No:	*					
* If yes, would you be willing to transport other participants? Yes: No:										
☐ I have read and understand the NAMI 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)										
(Date)		((Signature)							

PLEASE FILL OUT BY AUGUST 15, 2017 AND RETURN TO:

NAMI Juneau | 9000 Glacier Hwy, Suite 201 | Juneau, AK 99801 namijuneau@gmail.com | Phone:907-463-4251 | Fax: 907-500-9914