



**Facilitator Application
Next Vermont Training
June 4-6, 2010 in Montpelier**

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

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 member of NAMI? Yes ____ No ____

If **yes**, Local Affiliate _____

If **no**, are you willing to join? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____

If **yes**, please explain:

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

Job Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Connection Recovery Support Group model
- ✓ to adhere to fidelity to the NAMI Connection Recovery Support Group model is required
- ✓ Commitment to perform weekly support groups for a minimum of one year
- ✓ Ability to provide group participant data as required
- ✓ 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

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 you willing to travel? Yes___ No_____

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

What language(s) other than English do you speak fluently?

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.

3. Will you be requiring overnight accommodations for Thursday night?

Yes_____ No_____

4. Do you have transportation? 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)

If selected to attend -

Attending the NAMI Recovery Support Group Facilitator Training, and receiving certification as a facilitator, I acknowledge that I am making a commitment to facilitating a support group once a week for a one year period.

(Date)

(Signature)

PLEASE FILL OUT AND RETURN TO:

**Ann Moore
47 Juniper Dr
S. Burlington, VT 05403**

**802-951-9154
connection@namivt.org**

