



Class size is limited – Be sure to get your registration in early -

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 current member of NAMI? (required): Yes_____ No _____

Affiliate Name_____

Have you ever been convicted of a felony (optional)? Yes _____ No _____

Do you currently attend a NAMI Connection group? Yes _____ No _____

Please tell us why you want to be a NAMI Connection Recovery Support Group Facilitator.

Availability to co-facilitate NAMI Connection Groups (Check **all** that apply):

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

Who will be co-facilitating the group with you?_____

Has this person been trained as a NAMI Connection Facilitator? Yes _____ No _____

Are you starting a new group? Yes _____ No _____

What is the location, start date, and time for your group?_____

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) do you speak fluently? _____

It is a good idea to have a plan in place before attending the training. Know who will be co-facilitating with you and when and where your group will be taking place. This way you will be ready to start your group as soon as you return to your community.

Job Requirements:

- ✓ Willingness to undergo training and adhere to fidelity to program model is required
- ✓ Commitment to perform work in this capacity 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
- ✓ Member of NAMI

☐ **I have read and understand the NAMI Recovery Support Group Facilitator job requirements.**

_____ (initial)

☐ **I understand that my attendance at Connection Recovery Support facilitator training does not guarantee that I will be certified as a NAMI Connection Recovery Support Group Facilitator.**

_____ (initial)

☐ **If I am selected to attend the NAMI Connection Recovery Support Group facilitator training and receive certification as a facilitator, I acknowledge that I am making a commitment to facilitate a support group once a week for a one year period.**

(Date)

(Applicant Signature)

Affiliate Presidents: Please attach a letter of recommendation for the individual applying to be a NAMI Connection Facilitator. If your affiliate is unable to provide the registration fee please submit a detailed explanation.

- **Registration fee of \$150 MUST accompany this application. If the applicant is not accepted for this particular training, your check will be mailed back to you. By endorsing the above applicant, your affiliate will be held responsible for any charges accrued by NAMI Illinois if the applicant does not show up or cancels less than two weeks prior to this training. Hotel**

accommodations and travel will be the responsibility of the affiliate and/or the individual attending the training.

Affiliate President's Signature _____ Date _____

Applicant's Signature _____ Date _____

Application Checklist:

- ☐ Application
- ☐ Letter of recommendation from affiliate president
- ☐ Training fees \$150.00

Total enclosed \$ _____

PLEASE RETURN APPLICATION PROMPTLY WITH ALL FEES TO:

NAMI Illinois
218 West Lawrence
Springfield, Illinois 62704