



NAMI Virginia Facilitator Application

Training runs Saturday and Sunday 9am – 6pm
Training Date and Location to be announced
No cost thanks to a grant from DBHDS

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 so which one? _____

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 Family Support Group Facilitator:

Please tell us why you feel the timing is right to start a family support group?

What if any contact do have you had with NAMI previously/currently?

Availability to co-facilitate NAMI Family Support 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_____

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.

* If yes, would you be willing to transport other participants? Yes_____ No_____

Job Requirements:

- ✓ Are personally a family member or ‘like family’ friend of a loved one living with mental illness
- ✓ Willingness to undergo training and adhere to the fidelity of the NAMI Family Support Group model
- ✓ Commitment to perform a minimum of a weekly (preferred), twice monthly or monthly support group for a minimum of one year
- ✓ Willingness to identify potential new facilitators from the support group
- ✓ Positive regard for, or personal experience with mutual support groups
- ✓ Be or become a member of NAMI

I have read and understand the NAMI Family 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 Family Support Group Facilitator.

_____ (initial)

If selected to attend, and receiving certification as a facilitator, I acknowledge that I am making a commitment to facilitating a support group once a week (preferred), twice a month or monthly for a one year period.

(Date)

(Signature)

PLEASE FILL OUT AND RETURN TO:

Sarah Steadman
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