

NAMI Missouri
August 10 - 12, 2018
2018 NAMI Connection Recovery Support Group Facilitator Application

Name to print on name tag and certificate

Address

City, state, zip

Cell

Email

Are you a NAMI speaker, teacher, mentor or support group facilitator? Yes No

If yes, describe:

Have you attended a NAMI Connection Recovery support group? Yes No

Are you a member of NAMI? Yes No If no, are you willing to join? Yes No

Are you able to travel to Jefferson City to the Recovery Support Group Facilitator training? Yes No

Are you willing to complete necessary reports/ paperwork? Yes No

Do you have any dietary restrictions or allergies? Yes No If yes, describe

Will you need an accessible room? Yes No

Would you prefer to share a room? Yes No If yes, name:

Answer the following questions. If you run out of room, use the back of this form or another piece of paper.

1. Describe why you would like to become a Support Group Facilitator.

2. Describe your experience as a peer with a mental health condition, mental illness or brain disorder.

3. Describe your work/ volunteer experience and/ or qualifications.

NAMI Missouri
2018 NAMI Connection Recovery Support Group Facilitator Application (continued) NAMI
Connection Recovery Support Group Facilitator Job Requirements

Please review/ check all requirements:

Willing to attend training to become a NAMI Connection Recovery Support Group Facilitator

Willing to adhere to NAMI Connection Recovery Support Group model

Commitment to facilitate a support group

Ability to provide (de-identified) data if necessary to support grant requirements

Positive regard for and personal experience with peer support

Please initial all statements:

(initial) I have read and understand the NAMI Recovery Support Group Facilitator job requirements listed above

(initial) I am or can become a NAMI member (\$5 Open Door memberships available)

(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) By attending the NAMI Recovery Support Group Facilitator Training and receiving certification as a facilitator, I acknowledge my interest in facilitating a peer led support group.

Date

Signature

Please email, mail or fax the completed application to:
Alice Kliethermes, Director of Consumer Services, NAMI Missouri
3405 West Truman Blvd., Suite 102 Jefferson City, MO 65109
Email alice@namimissouri.org | Fax (573) 761 5636 | Call (573) 634 7727