



National Alliance on Mental Illness

NAMI Missouri

Connection Recovery Support Group Facilitator Training Application

Training will be held at the Best Western Capital Plus Inn in Jefferson City August 8-9, 2020.

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

Are you able to travel to Jefferson City to the 2-day 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:

Please answer the following questions in 1-2 sentences each.

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; and what recovery means to you.

Continued on next page

NAMI Connection Recovery Support Group Facilitator Application (continued)

3. Describe your work/ volunteer experience and/ or qualifications to become a facilitator.

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 as necessary to support grant requirements

Positive regard for/ 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 are 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 or initials

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

Application deadline: July 10, 2020