

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 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 training?

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 the NAMI Connection Support Group Facilitator Training, I acknowledge that I am making a commitment to facilitating a support group within 3-6 months.**
- I understand that if there are more applicants than training slots, I may be placed on a waiting list for the training. If I am, I will keep the training weekend open in the event a training slot opens up for me.**

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.

**I have read and understand all information given to me above.*
By signing your name below, you are certifying you have read and understand all information given to you above.**

(Date)

(Signature)

