



NAMI Valley of the Sun

NAMI FAMILY SUPPORT GROUP VOLUNTEER FACILITATOR APPLICATION

The two-day teacher training will be held on Saturday, September 22, 2018 and Sunday, September 23, 2018 in the NAMI Valley of the Sun office at 5025 E Washington St., Suite 112, Phoenix, AZ, 85034. All materials, breakfast and lunch (for both days) will be provided at no cost to participants. Participants are responsible for their own travel and lodging expenses, if applicable.

To be considered for this NAMI training, please complete the following forms and submit to:

Adult Programs Coordinator
NAMI Valley of the Sun
5025 E Washington St. Suite #112
Phoenix, AZ 85034
Or email to: education@namivalleyofthesun.org

Currently Accepting Applications!

Name: _____

Address: _____

Phone: home: _____ cell: _____

Email: _____

I am a family member of an individual with a serious mental illness. Yes _____ No _____

I am a current member of NAMI: Yes _____ No _____ (Join at Nami.org, if you are not a member.)

Affiliate Name _____

I am able to attend this 2 day training from 8:00 am to 6:30 pm both days Yes _____ No _____

Facilitators will facilitate local Family Support Groups with a trained co-facilitator. NAMI Family Support Group Facilitators use the skills they learn to provide a support group faithful to the NAMI Family Support Group model in which they were trained.



Valley of the Sun

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 the support groups
- ✓ Positive regard for, or personal experience wit, mutual support

YOUR COMMITMENT

CAN NAMI RELY ON YOU TO MAKE A MINIMUM ONE YEAR COMMITMENT TO YOUR SUPPORT GROUP?

Yes _____ No _____

FIDELITY:

CAN NAMI RELY ON YOU TO FACILITATE YOUR SUPPORT GROUP ACCORDING TO THE MODEL YOU WERE TAUGHT IN TRAINING?

Yes _____ No _____

Date: _____ Signature: _____

Briefly indicate your reasons for applying for the Family Support Group Facilitator Training:

Trainee Emergency Contact Information

Your name:

In an emergency please contact one of the following:

Contact Name: _____

Relationship to you: _____

Phone number: _____ Phone number: _____

Contact Name: _____

Relationship to you: _____

Phone number: _____ Phone number: _____

Allergy or diet considerations:

Any other emergency information that you would like noted, i.e. people in your care, medical conditions, etc.