



National Alliance on Mental Illness

nami

Family Support Group

Facilitator Application

rev. 5/3/22

Copy sent to Local NAMI Affiliate (name):		Date sent:	
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Name:			
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Phone:		Cell:		E-Mail:	
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Address:				
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City:		State: MA	Zip:	
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Local NAMI Affiliate:		NAMI member (circle/check)	Yes	No*
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*Active NAMI membership is required

Please answer the following questions to the degree to which you're **comfortable**.

Who is your ill relative (i.e. mother, brother, spouse)?
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What is their diagnosis (as far as you know)?

Are they in treatment?	Does this relative live with you?	Nearby?
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Are things generally stable with your relative right now? Comment.
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Have you attended a NAMI Support Group before? When and where?
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If you've been to a group, what did you like/dislike about it?
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To be a successful facilitator, you will respond to others in a non-judgmental way, be a good listener with an empathetic ear. With this in mind, please briefly explain why you want to become a Family Support Group Facilitator?

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Training details.

Will you be able to commit to facilitate a Family Support group at least once a month for 2 years after you are trained?
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Are you free to attend both days of the commuter training in Boston area?

Are you a family member?	Are you a NAMI Member?
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Special Needs (i.e. dietary concerns, etc.):
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Thank You!

Please send a copy of this application to your area NAMI Affiliate

Please note that this document is for the sole use of NAMI-affiliated organizations



National Alliance on Mental Illness

NAMI Massachusetts

Family Support Group Facilitator Agreement

I agree to be at each session of the support group on time.

Please understand that if you are excessively late to sessions you may jeopardize your participation in the workshop and a facilitator certificate may not be issued to you.

I understand that participation in this training does not guarantee that I will become a certified NAMI facilitator.

Trainees must demonstrate the qualifications needed to become a good NAMI facilitator by the end of the training. The first day of training provides an opportunity for trainees to assess their basic qualifications for being a facilitator. Any concerns should be brought to the trainers' attention.

I agree to notify Ilya Cherkasov 617-580-8541 (ext.219) if I must cancel

There is often a waiting list and prompt notification of a cancellation enables us to invite another participant.

I agree to co-facilitate the Family Support Group for 24 months.

It is understood that unexpected situations may occur in which flexibility in this policy will be needed. The expectation is not that the 24 months are to be completed within two years but rather they are completed within a reasonable amount of time given the facilitator's circumstances.

I agree to facilitate the Family Support Group according to the established NAMI operating policies in your manual.

Reference 1. Name & phone/email (should be either **your FSG Facilitator** or **your NAMI affiliate leader**)

Reference 2. Name & phone/email

Signature of Applicant

Print Name

Date



National Alliance on Mental Illness

NAMI | Massachusetts

Trainee Emergency Contact Form

Your Name:

Emergency Information for TWO Contacts Please!

(Only put the names of people you're comfortable with us potentially contacting!)

1. Name of Emergency Contact:

Relationship to You:

Telephone number:

2. Name of Emergency Contact:

Relationship to You:

Telephone number:

Do you have cell phone number where we can reach you during the training?

Allergies/Diet Considerations:

Any other emergency information you'd like noted (people in your care, medical conditions etc.):

**Please send a copy of this form along with the application
to your local NAMI Affiliate**

Family Support Group Facilitator Volunteer Description

Position Description:

Family members or partners of relatives (i.e. Parents, siblings, children, spouses) who are living with a serious mental illness facilitate the support group to other family members in their area. In their two-person co-facilitator teams, they will serve as key participants in the planning process involved in outreach for the group, **enlisting other affiliate members to assist with organization, publicity, hospitality, and so forth.** This is a volunteer position.

Major Areas of Responsibility:

- Identify a location to hold a support group. (monthly, bi-monthly or weekly)
- Advertise! NAMI Mass also advertises your group online
- Pick up from NAMI Mass office materials to be handed out or kept in a lending library.
- Co-facilitate the group for 24 sessions.
- Complete Data information for the National website each time the group is held. (statistics, no names)
- Keep the Family Programs Director aware of any changes to the group. (Location, times, facilitators, etc.).

Confirm your responsibilities and stay connected with your affiliate!

Affiliates sometimes work with their Family Support Group Facilitators regarding expenses incurred.

*It is **crucial** that Family Support Group Facilitators have an ongoing working relationship with their affiliate!*

Contact with any questions:

Ilya Cherkasov
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