



TRAINING APPLICATION

Preferred location/Training _____

Please complete the application below and supply a letter of reference, or the name, phone or email of someone who we can talk to. Please note that there are no right or wrong answers to the questions on pages 2-4!

Please mail or email your application to: Judi Maguire
Peer Support Programs Coordinator, NAMI Massachusetts, Schrafft's Center 529 Main Street, 1M17,
Boston MA 02129-1125 jmaguire@namimass.org Office Phone: (617) 580-8541

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

Cell: _____

Work: _____

Fax: _____

Best time to call: _____

Reference (Name and email or phone): _____

(Please note: Your reference should be someone who knows you well enough to recommend that you be trained to become a facilitator.)

Are you a member of NAMI? Yes: _____ No: _____

If **yes**, Local Affiliate: _____

If **no**, are you willing to join? Yes: _____ No: _____

Please tell us why you want to be a NAMI Connection Recovery Support Group Facilitator

How do you define recovery?

How are doing in recovery right now?

Why do you feel you are ready to 'give back' to others, the kind of support you've had or would like to have had?

Have you participated in a support group? _____

What do you know about NAMI Connection?

Do you feel that you have extensive knowledge of mental health issues?

Do you feel that you have accepted your mental health issues?

Are you able to share your experiences and what you've learned?

Have you had any prior experience with making time commitments similar to this? How well did this work out for you?

Job Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Connection Recovery Support Group model
- ✓ Willingness to attend retraining and refresher programs remotely or in-person
- ✓ Willingness 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

Are you willing to facilitate a group in a hospital setting? Yes: _____ No: _____

What language(s) other than English do you speak fluently? _____

Would you be interested in facilitating a group that addresses certain issues within the Peer Community such as LGBTQ, Dual Duagnosis, Faith Based etc. _____

Do you have a co-facilitator? (NAME) _____

Do you have a location, day or time? _____

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. 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 Recovery Support Group Facilitator Training, and receiving certification as a facilitator, I acknowledge that I am making a commitment to facilitating a support group at least twice per month for a one year period.

(Date)

(Signature)

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YOU WILL BE CONTACTED FOR AN INTERVIEW PRIOR TO TRAINING