

## A.F. Whitsitt Center/Kent County Health Department Facilitator Application

Application Interest:     Recovery Speaker     Group Facilitator     Spiritual Service

*Please Print Legibly*

Applicant's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ If cell phone, do you text?    Yes    No

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is your current recovery time? \_\_\_\_\_ or  N/A

What is motivating you to want to be a facilitator? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the AF Whitsitt Center? \_\_\_\_\_

\_\_\_\_\_

What days and times are you available? \_\_\_\_\_

How many times a month do you prefer to be available? \_\_\_\_\_

**FOR RECOVERY SPEAKER:**     AA     NA     Spiritual/Non-prescribed

**FOR GROUP FACILITATOR:** Explain what it is that you'd like to share/teach: \_\_\_\_\_

\_\_\_\_\_

**FOR SPIRITUAL SERVICES (note affiliation):** Denomination: \_\_\_\_\_

Non-Denomination: \_\_\_\_\_

Each applicant will be screened for safety purposes. If you are chosen, you will be required to sign a BAA (business associate agreement) and follow any applicable program policies.

**For Office Use Only:**

Judiciary Case Search     Sex Offender Registry

BAA on file

Scheduled: Days: \_\_\_\_\_ Time: \_\_\_\_\_ How often: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_