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**Support Group Trainee Application**

Date of the training: \_\_August 18-19, 2018\_\_\_\_\_\_\_\_\_\_

Training Location (City): \_Hesperia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_

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

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My ill relative is my (must be a first degree relative – spouse, sister, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

He/she has been ill for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the diagnosis is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this relative live nearby ☐Yes ☐ No OR with you? ☐Yes ☐ No

Has your relative recently experienced a mental health crisis? ☐Yes ☐ No

NAMI membership is required. Please list the affiliate and how long have you been a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you done other volunteer work for NAMI? (Please describe below) ☐Yes ☐ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Have you taken Family-to-Family classes and if so, where and when? ☐Yes ☐ No

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I will be able to attend the entire training (see announcement letter for schedule) ☐Yes ☐ No

What do you plan to do after completing this training?

Create a new NAMI Support Group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Facilitate an existing NAMI Support Group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who recommended you for this training? \_\_Barbara Redding\_\_\_\_\_\_\_\_

What is his/her email (if available)? \_\_brrddng@aol.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is his/her involvement with NAMI? \_Board Member and Treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Family-to-Family teacher, Support Group Facilitator, NAMI Board Member, another volunteer, etc.)

To be a successful NAMI Support Group Facilitator, you need to respond to others in a non-judgmental way, you need to be a good listener with an empathetic ear, and you need to be willing to talk about your experience as a relative of a family member with a mental illness. With this in mind, please briefly explain why you want to become a NAMI Support Group Facilitator or offer any other comments you care to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AGREEMENT**

* I agree to be at each session of the workshop 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 support group facilitator. Trainees must demonstrate the qualifications needed to become a good NAMI support group 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 I agree to notify Lynn Cathy, (916) 567-0163 if I must cancel. There is a waiting list and prompt notification of a cancellation enables us to invite another participant. Last minute cancellations often mean that NAMI still must pay the hotel and food expenses for a participant.
* I agree to serve as a support group facilitator for two years. Support group meetings are held at least monthly. It is understood that unexpected situations may occur in which flexibility in this policy will be needed.
* I agree to lead the support group according to the established NAMI operating policies.
* I agree to provide group participant data to NAMI National or to the local affiliate for them to report.

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 Signature of Applicant Print Name Date

 **EMERGENCY INFORMATION:**

Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone numbers (2 preferred) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have cell phone number we can reach you at that weekend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email, fax or mail to:

Barbara Redding

PO Box 636

Victorville, CA 92393

Fax: (760) 947-2018

Email: brrddng@aol.com