



Facilitator Application

NAMI requires that support group facilitators have a lived experience with a family member that is dealing with a mental health condition. Applicants must be caring and empathetic individuals. Are you a family member or caregiver of a loved one living with a mental health condition?

If **YES**, please continue filling out this form. If **NO**, we are sorry, but you do not qualify to apply for this training.

First _____ Middle _____ Last _____

Address _____ County _____

City/State/Zip _____

Email address _____

Phone: _____ Best time to call: _____

Emergency Contact: Name _____ Phone _____

My loved one with a mental health condition is my: _____

Diagnosis: _____

I want to take the training because: _____

I would be a good facilitator because of my skills or experience in: _____

Any special accommodations or allergies we should be aware of? _____

I am a NAMI member: _____ Yes _____ No

If no, are you willing to become a member? _____

Have you participated in any NAMI programs before? _____ Yes _____ No

Have you ever been convicted of a felony? _____

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Do you know who you would like to facilitate with? ____ If yes, please provide their name:

Are you willing to travel to train and/or facilitate? _____

Please supply the name and phone number of two references (not, affiliated with NAMI if possible):

This support group would meet on a monthly basis and facilitators accepted would need to be willing to commit to facilitating for at least 2 years and become a member. Are you able to commit to this? _____

Signature: _____

Date: _____

Please Mail to:

NAMI Greater Mississippi Valley
1035 W. Kimberly Rd, Suite 4
Davenport, IA 52806
(563) 386-7477 Ext 266

Or email: education@namigmv.org