



**NAMI COPE Support Group Facilitator Application**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant City: \_\_\_\_\_

Applicant State: \_\_\_\_\_

Applicant Zip: \_\_\_\_\_

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

Applicant Phone: \_\_\_\_\_

Applicant Cell: \_\_\_\_\_

Applicant Work: \_\_\_\_\_

Applicant Fax: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Please tell us why you want to be a NAMI COPE Support Group Facilitator (You can use the back of this page):

**Fidelity:**

Can NAMI rely on you to facilitate your support group according to the model you were taught in training? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Confidentiality**

I agree to facilitate NAMI COPE Support Group within my department/agency with supervision from my department/agency? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Job Requirements:**

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI COPE Support Group model
- ✓ Commitment to facilitating within your department/agency with supervision from your department/agency
- ✓ Adhering to fidelity to the NAMI COPE Support Group model is required
- ✓ 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

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

\_\_\_\_\_

**BEFORE SIGNING, PLEASE AGREE TO THE FOLLOWING WITH YOUR INITIALS:**

- I have read and understand the NAMI COPE 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 COPE Support Group Facilitator.  
\_\_\_\_\_ (initial)
- I agree to manage registrations, attendee communication, reporting and analytics, including support group feedback to be returned to NAMI CA.  
\_\_\_\_\_ (initial)
- NAMI COPE is a Confidential Safe Place, and all NAMI COPE facilitators are to abide by confidentiality which will be outlined in training. I agree to keep confidentiality a priority as my role as facilitator and report to my commanding officer any confidentiality breaks, I witness as part of this program.  
\_\_\_\_\_ (initial)

**Attending** the NAMI COPE Support Group Facilitator Training, and **receiving certification** as a facilitator, **I acknowledge that I am making a commitment to facilitating a support group.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**PLEASE RETURN TO TORY MARTINEZ, PROGRAMS DIRECTOR,  
AT [TORY@NAMICA.ORG](mailto:TORY@NAMICA.ORG) OR NAMI CALIFORNIA AT (916) 567 0163.**