



# NAMI California



## NAMI COPE

Please fill out this registration form for the peer-lead law enforcement support group pilot program.

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Contact Person Name \_\_\_\_\_

Agency Contact Person Email \_\_\_\_\_

Agency Contact Person Phone Number \_\_\_\_\_

What will be the format for the confidential support groups?

- Virtual
- In-person
- Both

Which times work best for the facilitator trainings?

- Daytime
- Evening time

How many officers is the Agency recommending as facilitators? \_\_\_\_\_

Please provide the list of names of officers the Agency is recommending:

Officer Names	Officer Emails	Officer Phone Numbers
1.		
2.		
3.		
4.		
5.		

6.		
7.		
8.		
9.		
10.		
11.		
12.		

Each officer in the list will receive a follow up email with registration information from Tory Martinez, Programs Director, at [tory@namica.org](mailto:tory@namica.org).

Can the Agency provide NAMI CA feedback data including managing registrations, attendee communication, reporting and analytics, including support group feedback?

Yes

No

Please direct any questions or concerns to [tory@namica.org](mailto:tory@namica.org) or NAMI California at (916) 567-0163.

Before signing this document, verify that the content you are signing is correct. Signing of this form gives authorization for the officers listed above to receive facilitator trainings.

X

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Name of Contact Person:  
 Email of Contact Person:  
 Phone Number of Contact Person:  
 Date:

X

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Name of Commanding Officer/Deputy Chief/Agency:  
 Email of Commanding Officer/Deputy Chief/Agency:  
 Phone Number of Commanding Officer/Deputy Chief/Agency:  
 Date: