



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, VP of Programs and Services, at tory@namica.org or Egle Cisneros, Senior Programs Manager, at egle@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 egle@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

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

X

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