



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 EGLE CISNEROS, SENIOR PROGRAMS
MANAGER, AT egle@namica.org**

OR NAMI CALIFORNIA AT (916) 567 0163.

NAMI Connection 01.08