

Connection Facilitator Application

_____, _____
Last Name First Name

Please Print

Nickname:	*Year of Birth:	**Spouse or Partner Name:
-----------	-----------------	---------------------------

I self-identify as:
 _____ an Individual with Mental Illness _____ A Family Member _____ Both

EMAIL ADDRESS:	Please number your phone types in your order of preference for us to use to contact you.	Cell	Home	Work	Other
----------------	--	------	------	------	-------

PHONE NUMBERS: 10-digit numbers only. Please do not format the numbers with parenthesis, dots, dashes or spaces.	H	C	W
--	---	---	---

ADDRESS	APT	CITY	Zip+4
---------	-----	------	-------

My Affiliate is:
 ***ETHNICITY: Please mark the block your ethnicity ↓

White	Black	Hispanic/Latino	Alaska Native	American Indian	Asian American	Native Hawaiian	Pacific Islander	Decline to answer
-------	-------	-----------------	---------------	-----------------	----------------	-----------------	------------------	-------------------

* We ask your year of birth to make sure Kentucky has individuals in a broad range of ages for its programs.
 ** We ask your Spouse/Partner name to enable polite conversation when calling you.
 *** We ask your ethnicity to determine the need for training a broader spectrum of individuals.

I commit to each of the following:

- I am at a point in my life where I am familiar and comfortable with the emotional issues families face with relatives affected by a mental illness.
- I can self-disclose about my own feelings of guilt, anger, shame, ambivalence and grief regarding my life situation.
- I am willing to participate in an intensive Saturday & Sunday training in facilitating in accordance with NAMI standards.
- I am willing to make the commitment to participants in the training, the co-leaders, to NAM Kentucky and my local affiliate to complete the training course once it begins.
- I am committed to make myself available to facilitate a regularly scheduled Connection Support Group in accordance with the needs of my affiliate for the next **two years**, if asked to do so. I understand that this commitment is for a support group scheduled at least once per month.
- I will work with my local affiliate or NAMI Kentucky to market and offer a regularly scheduled Connection Support Group within 3 months of this training.
- I will join NAMI prior to taking the training and agree to maintain my membership while serving as a Connection Support Group facilitator.
- I understand that **two** facilitators are necessary for a support group session, and will comply with NAMI's requirement.

Signature

Have you been trained as a trainer, teacher, or facilitator for any other NAMI Signature Program? ___ No ___ Yes If yes, please complete the information for the programs for which you have been trained:

Program Name	Trained as a Teacher		Trained as a Facilitator		Trained as a Trainer	
	Yes/No	Year Trained	Yes/No	Year Trained	Yes/No	Year Trained
Family-To-Family Edu. Course						
Family Support Group						
Basics Education Course						
Connections Support Group						
In Our Own Voice						
Provider Education Course						
Ending the Silence						

My Relatives with mental illness who qualify me to take this course are:

FIRST NAME	AGE	DIAGNOSIS	ONSET AGE	I am the _____ of this individual (Fill in the blank)

I would like to become a Connection Facilitator because: _____

I think that the talents that I bring to being a Connection Facilitator are: _____

1. Have you ever been convicted of a misdemeanor or felony carrying a potential jail or prison term (excluding traffic offenses)?
 ___No ___Yes If yes, please explain: _____

(A conviction does not preclude you from being a facilitator, but some offenses might prevent you from training for that role.)

2. I authorize NAMI Kentucky or NAMI affiliates to conduct background check on me.

 Signature Date

3. What are the names of other active members within your affiliate applying for this training or already trained as a Connection facilitator?

4. If there are no other Connection previously trained facilitators or applicant from your affiliate, please explain how you will utilize this training:

5. Please state (below) the times, days, etc. when we can contact you for a telephone interview prior to this training:

6. Application is due two (2) weeks prior to training. If an application is received after the date, you will be put on a waiting list for the next training.
7. I authorize NAMI Kentucky or its agents to use my picture in their quarterly newsletter ___Yes ___No
Signature _____
8. How long have you been involved with your local NAMI affiliate? ___less than 1 year ___1-2 years ___3-4 years ___5 years ___5+years
9. How long have you been involved in your local NAMI affiliate support group? ___less than 1 year ___1-2 years ___3-4 years ___5 years ___5+years
10. Are you currently being mentored as a support group facilitator? ___Yes ___No
11. Breakfast and Lunch will be provided for both days and Dinner on Saturday evening. Do you have a food preference? ___Yes ___No ___Vegetarian ___Vegan
12. Are you a Current NAMI Member? _____ yes _____ no If no, are you willing to join and keep your membership current? _____ yes _____no
13. Are there any other active members of your affiliate trained as teachers and willing to teach with you? _____ If not, please explain why you are applying to become a teacher _____

14. ***If NAMI Kentucky reserves you a room for this training, and you do not notify us (Cathy Epperson 606-383-0381) by 4:00 pm the day of reservations to cancel the lodging, you will be personally responsible for the payment of the lodging. Initial here _____.***
15. _____, _____, of _____
(President, Education Coordinator, Executive Director or similar person) (Title or Position) (Affiliate name)
Recommends that I be trained as a Family Support Group Facilitator.

Signature

Date

Send your COMPLETED application to: NAMI Kentucky namiky@bellsouth.net or fax it to (606) 677-4148 or mail it to NAMI Kentucky, 2441 S. Hwy 27, Somerset KY 42501