Nickname:   "Year of Birth:   "Spouse or Partner Name:	Connection Facilitator Applic	ation				_1				
Self-identify as:	Please Prin	t	Last Name			First Name				
EMAIL ADDRESS:    Please number your phone types   Cell   Home   Work   Other in your order of preference for us to use to confact you.	Nickname:	*Year of	**Sp	**Spouse or Partner Name:						
PHONE NUMBERS: 10-digit numbers only. Please do not format the numbers with parenthesis, dots, dashes or spaces.  APT CITY Zip+4  My Affiliate is:  ***ETHNICITY: Please mark the block your ethnicity ↓  White Black HispaniolLatino Alaska American Asian Native Hawaiian Islander  **We ask your year of birth to make sure Kentucky has individuals in a broad range of ages for its programs.  **We ask your SpousePartner name to enable politic conversation when calling you.  **We ask your SpousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your spousePartner name to enable politic conversation when calling you.  **We ask your SpousePartner name to enable politic conversation when calling you.  **We ask your SpousePartner name to enable politic conversation when calling you.  **We ask your SpousePartner name to enable politic conversation when calling you.  **We ask your SpousePartner name to enable politic conversation when calling you.  **We ask your SpousePartner name to enable politic conversation when calling your SpousePartner name to enable politic conversation when calling your SpousePartner name to enable politic conversation in the enable your spouse SpousePartner name to enable politic conversation when call your SpousePartner name to enable your SpousePartner name to enable your SpousePartner name to enable your SpousePartner name t	I self-identify as:									
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	In Our Own Voice									_
Provider Education Course										

Ending the Silence

	-	•	dulity file to take	e this course are:
FIRST NAME	AGE	DIAGNOSIS	ONSET AGE	I am theof this individu (Fill in the blank)
ould like to beco	me a Connection F	acilitator because:		
ink that the tal	ents that I bring t	o being a Connection Facilitator are	:	
	u ever been convid Yes		ying a potential jail or	prison term (excluding traffic offenses)
No _	Yes If yes, pl			prison term (excluding traffic offenses)  t you from training for that role.)
No _	Yes If yes, pl	ease explain:	me offenses might preven	
No _	Yes If yes, pl	ease explain: t preclude you from being a facilitator, but so	me offenses might preven	
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2. I authoriz Signature 3. What are facilitator	Yes If yes, place (A conviction does not be NAMI Kentucky)  the names of other?	ease explain:  t preclude you from being a facilitator, but so  or NAMI affiliates to conduct backgr  Date	me offenses might prevent ound check on me.	t you from training for that role.) ning or already trained as a Connectio

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 newsletterYesNo Signature
8.	How long have you been involved with your local NAMI affiliate?less than 1 year1-2 years3-4 years5 years5+years
9.	How long have you been involved in your local NAMI affiliate support group?less than 1 year1-2 years3-4 years5 years5+years
10.	Are you currently being mentored as a support group facilitator?YesNo
11.	Breakfast and Lunch will be provided for both days and Dinner on Saturday evening. Do you have a food preference? YesNoVegetarianVegan
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.	(President, Education Coordinator, Executive Director or similar person) (Title or Position) (Affiliate name)
	(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 <a href="mailto:namiky@bellsouth.net">namiky@bellsouth.net</a> or fax it to (606) 677-4148 or mail it to NAMI Kentucky, 2441 S. Hwy 27, Somerset KY 42501