



Family Support Group



Support Group Facilitator Application

Name:

Phone:

Cell:

E-Mail:

Address:

City:

State:

Zip:

Your NAMI Affiliate:

NAMI Member #:

Member Expiration Date:

Please answer the following to the degree to which you're comfortable.

Who is your ill relative (i.e. mother, brother, spouse)?

What is their diagnosis (as far as you know)?

Are they in treatment?

Does this relative live with you? Nearby?

Are things generally stable with your relative right now? Comment.

Have you attended a NAMI Family Support Group? When and where? If not, is it available in your area?

To be a successful facilitator, you will need to respond to others in a non-judgmental way, be a good listener with an empathetic ear, and be willing to talk about your experience as a family member of someone living with a mental illness. With this in mind, please briefly explain why you want to become a Family Support Group facilitator.

Training details.

Will you be able to attend the entire training from June 22nd24th in Albany NY? YES / NO

Single rooms may be available for a small fee. Would this interest you? YES / NO

Will you be able to facilitate a support group once you have completed training? YES / NO

Special Needs (i.e. dietary concerns, accessibility needs):

Thank You!

Please return this application to your local affiliate and
Tina Lee., Community Education and Outreach Manager, NAMI NYS

tina@naminys.org or fax to (518)462-3811

Please note that this document is for the sole use of NAMI-NYS and will not be retained or shared.



New York State

Trainee Emergency Contact Form

NAME:

Emergency Information for TWO Contacts Please!

(Only put the names of people you're comfortable with us potentially contacting!)

1. Name of Emergency Contact:

Relationship to You:

Telephone number:

2. Name of Emergency Contact:

Relationship to You:

Telephone number:

Do you have a cell phone number where we can reach you during the training?

Allergies/Diet Considerations?

Any other emergency information you'd like noted (people in your care, medical conditions etc.):

**Please Return with Your Application to your local affiliate and
Tina Lee, Community Education and Outreach Manager, NAMI-NYS
99 Pine St., Suite 105
Albany NY 12207
Fax: (518)462-3811
E-Mail: tina@naminys.org**