



### Facilitator Application Form

Date \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_

Best time to reach me: \_\_\_\_\_ Best to reach me by (circle one): Phone or Email

Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Support Group Location (City and State):

**Please check the appropriate response to the following questions.**

1. Are you over the age of 21?  Yes  No
2. Are you able to make at least a one-year commitment to being a Facilitator?  Yes  No
3. Are you familiar with the facilitator roles and responsibilities?  Yes  No
4. Have you participated in a support group in the past?  Yes  No
5. Have you ever facilitated a support group in the past?  Yes  No
6. Do you have a child who has struggled with a mental health disorder?  Yes  No
7. Are you at least one year post-diagnosis?  Yes  No

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**Please answer the following questions as completely as possible.**

1. Why are you interested in facilitating a Youth Mental Health Project Parent Support Network?

2. Are you willing to coordinate and work with other trained Facilitators to manage, organize and facilitate network meetings and activities?

3. What are your goals in facilitating a group?

4. What skills do you bring that would enable you to facilitate a group? Please describe any previous experience facilitating, mentoring and/or supporting other people and list any organizations or institutions you have worked with in the past, either voluntarily or in a paid position, where you have used such experience.

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5. If applicable, please list any special licenses you possess (e.g. RN, MSW, LCSW, etc.).

6. Please list any other volunteer organizations you are or have been involved with and your role there.

7. How many hours a month can you devote to managing and facilitating a group? How does this commitment impact your other volunteer activities or professional career?

8. Have you ever been arrested or convicted of a crime? (Please do not list traffic violations).  
Yes  No  If yes, please describe:

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