



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

Please answer the following questions as completely as possible.

ymhproject.org • parentsupportnetwork@ymhproject.org

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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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Please list two or three references.

Name: _____ Relationship to you: _____ Phone

Number: _____

Name: _____ Relationship to you: _____ Phone

Number: _____

Name: _____ Relationship to you: _____ Phone

Number: _____

I certify that the information contained on this form is accurate.
I authorize The Youth Mental Health Project to verify the information stated above.
I understand that if I am selected, I will undergo a formal background check.

Signature Date Applicant

Submit Form by email to: j.collins@ymhproject.org

Upon application review, you will receive an invitation email from Verified Volunteers to complete a background check.

Qualified applicants are considered and approval of applications will be made without regard to race, color, religion, gender, national origin, age, mental or physical disabilities, marital status, veteran status, sexual orientation, gender identity and/or expression, genetic information, or any other characteristic protected by applicable law. Accommodations to enable all individuals to participate in the application process may be provided upon advance request.

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