



**State Trainer Application
St. Louis MO
April 22-25, 2010**

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

Best time to call _____

Local NAMI Affiliate: _____

Where and when were you certified as a NAMI Connection Facilitator?

City/State _____

Month/year _____

Where and when does your group meet?

Location: _____

Time: _____

How often do you meet? ___ weekly ___ twice a month ___ monthly

How long have you been facilitating? _____

Please tell us why you want to be a NAMI Connection Recovery Support Group State Trainer
(Use the back of this page for additional space):

Information needed should you be selected to attend training:

1. Dietary needs – please check any box that applies:

Vegetarian. Foods unable to eat _____

Allergic to certain foods/spices _____

2. Lodging needs (trainees will have shared rooms*) - please check any box that applies:

Smoker

Non Smoker

Special accommodations? If so please specify: _____

*single rooms are available at the cost of \$152.54. If you need a single room, please contact your NAMI state office.

3. Please provide In Case of Emergency (ICE) name and contact information:

Name: _____

Relationship: _____

Phone number: _____

Alternate phone number: _____

By attending the NAMI Recovery Support Group State Trainer Training and receiving certification as a State Trainer, I acknowledge that I am making a commitment to providing state trainings for a minimum of two years as requested by the state office.

(Date)

(Signature)

DEADLINE FOR STATE AAPPLICATION FEBRUARY 25, 2010

**NAMI Oregon
3550 SE Woodward St.
Portland, OR 97202
503-230-8009
503-230-2751**

FOR STATE OFFICE USE ONLY:

I ENDORSE THIS APPLICANT FOR TRAINING AS A STATE TRAINER.

Signature

Position

Date