



nami

National Alliance on Mental Illness

**North
Carolina**

309 West Millbrook Rd.
Suite 121
Raleigh, North Carolina 27609
Telephone 919-788-0801
Facsimile 919-788-0906
<http://www.naminc.org>
mail@naminc.org
Helpline 800-451-9682

Support Group Facilitator- APPLICATION AND AGREEMENT

Last Name: _____ First Name: _____ Middle Initial: ____

Street Address: _____

City: _____ State: __ Zip: _____

Phone: ____/____

Email _____

Race (please check): Caucasian __, African American __, Latino __, Native American __, Asian __,
Other: _____

Military Status (please check): Active __ Vet __

NAMI N.C. Affiliate _____

Relationship (SGF is the....) _____

Diagnosis of individual with Mental Illness: _____

Explain why you want to be a Support Group Facilitator:



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I understand/agree to serve as a Support Group Facilitator and run a Support Group during a two year commitment, or close to these time limits. The time, energy and expense of training each teacher make this a necessity.

Signature of Applicant

Date

Signature of Affiliate President

Date

Return to:

Brenda Piper, Programs Director
NAMI NC
309 West Millbrook Rd
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Raleigh NC 27609
(919)-788-0801
bpiper@naminc.org