

Foundations Workshop in Facilitating Peer Support Groups Sunday, April 13, 2008, 9:30 am to 5 pm.

de Marneffe Building Room 132, McLean Hospital, 115 Mill St., Belmont, MA 02478

(One registrant per form, please print.) Complete and mail **with your check** to:

MDDA-Boston, Facilitator Training, P.O. Box 102, Belmont, MA 02478

Make check out to "MDDA-Boston."

Payment must accompany registration form to reserve a seat, **and be received by April 9th, 2008.**

Limited to 20 participants — Pre Registration is required. — No "walk in" registrations will be allowed.

Name: _____

Address: _____

City/State/ZIP: _____

Phone #(s) _____

E-mail: _____

Check the appropriate box(es):

- I am a member of MDDA-Boston; I am enclosing \$10 for lunch and registration.
- I am joining MDDA-Boston with a tax-deductible payment of \$35 plus \$10 for lunch and registration.
- Affiliated DBSA/MDDA/DMDA member, I am enclosing a tax-deductible payment of \$50.
- Other Participant, I am enclosing a tax-deductible payment of \$70.
- Professional Participant, I am enclosing a tax-deductible payment of \$80.
- I am requesting a scholarship. (A limited number are available, see Scholarship Policy on other side)
- I am giving an additional tax-deductible gift of \$ _____ to MDDA-Boston !

I am enclosing a check for all the above in the amount of: \$ _____

(Please circle all that apply below)

I am a: Friend Family Member (Mental Health) Consumer (MH) Provider Professional

I have facilitated groups before: no yes. If yes, what year did you start? _____

I have facilitated these groups: Peer Support Professional Support Psychotherapeutic

Activities\Recreational Psycho-educational Addictions Business Other: _____

MDDA-Boston

Facilitator Training Scholarship Policy

MDDA-Boston has decided that everyone who is interested in attending this training may have access regardless of financial ability. If you want to attend the training but cannot afford to do so and you fit the following criteria, you may contact Mr. Weinstein confidentially to discuss a full training scholarship.

Scholarship Criteria:

- 1) That paying the registration fee would be a financial hardship.
- 2) Unemployed or making close to minimum wage.
- 3) Agreeing to volunteer a minimum of 6 hours to MDDA-Boston or your local chapter, nonprofit organization or charity.

The scholarship covers everything (refreshments, training manual, all materials and certificate) with the exception of membership to MDDA-Boston (MDDA-Boston has scholarship memberships but you must contact them separately). If you are granted a full scholarship, you must be willing and able to provide a minimum of six hours of volunteer service to MDDA-Boston which may include the following jobs: stuffing envelopes; helping out at the annual picnic or holiday party; doing Internet research; writing a story for the Polars' Express newsletter; web site support, sitting at the "welcome table" for a few meetings (handing out literature, name tags, welcoming members and guests) or joining a committee such as the Nominating, Activities, Fundraising, or Membership would satisfy the hours. If you are not a local resident, you must pledge six hours in your local community DMDA/MDDA/DBSA or other volunteer work. *Agreeing to the terms of the scholarship and doing the **minimum six hours** of volunteer work/service **is strictly on the honor system**, but must be completed in one calendar year from date of training.*