



Support Group Sign-in

Presented in Spanish? YES NO

AFFILIATE _____

Family Support Connection

LOCATION: _____ Zip code: _____

DATE: ____/____/____ START TIME: _____ END TIME: _____ TOTAL # ATTENDEES: _____

FACILITATORS NAMES: _____ and _____

FACILITATOR EMAIL: _____

	FIRST NAME AND LAST INITIAL	Veteran or Active Duty?	First Time Attending?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Personal information obtained regarding attendees is confidential and is used for internal reporting within NAMI Georgia. No personal information is shared outside of the organization, only attendance numbers & demographics.

By signing below, I certify that I am a volunteer donating my time, and I am ineligible for a stipend for this support group, or class (i.e. NAMI Basics, NAMI Connection Recovery Support Group, NAMI Family-to-Family, NAMI Family Support Group, and NAMI Homefront.

Signature: _____ and _____

Data Must Be Reported Within 7 Days to NAMI Georgia and Through NAMI 360.
Email: data@namiga.org | Fax: 770.234.0237 |

