



Share Group Facilitator Application Confidential

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell _____

E-mail Address _____

1. What brought you to Recovery ministry and the desire/interest in facilitating a group?
(Be as concise as possible)

2. Is your sobriety from substances or other compulsions at least one year?

3. Have you ever participated in a 12 step study? Where and when?

4. Do you or have you attended AA, NA, or Al-Anon meetings?

5. Do you have any prior experience in facilitating recovery groups, e.g. prison ministry, homeless shelter, residential treatment, abused women shelters, etc?

6. What other experiences do you think will help you in facilitating a support group?