



**NAR-ANON FAMILY GROUPS
NARATEEN FACILITATOR REGISTRATION FORM**

NARATEEN FACILITATOR INFORMATION

FIRST & LAST NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

NAR-ANON HOMEGROUP _____

NARATEEN PROCESS PERSON INFORMATION

FIRST & LAST NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

AREA OR REGION FOR NARATEEN FACILITATOR REGISTRATION

BY LAW A BACKGROUND CHECK OR SIMILAR REQUIREMENT IS NEEDED AT THE AREA/REGIONAL LEVEL TO SERVE AS A NARATEEN FACILITATOR.

- YES
- NO

RECORD OF REQUIREMENTS AND COMPLIANCE OF NARATEEN FACILITATORS ARE SECURED AND RETAINED BY A NARATEEN PROCESS PERSON IN ACCORDANCE WITH LOCAL LAWS.

- YES
- NO

AREA/REGION ACKNOWLEDGEMENT BY NARATEEN PROCESS PERSON

By signing below, I confirm the above information is correct. To my knowledge the Nar-Anon member listed above meets the requirements of the Narateen Safety Guidelines to serve in the area/region and can be registered with the World Service Office as a Narateen Facilitator.

Signature: _____ Date: _____

Print Name: _____

NARATEEN FACILITATOR ACKNOWLEDGEMENT

By signing below, I confirm the above information is correct. I meet the requirements of local laws and the Narateen Safety Guidelines for my area/region of service and ask to be registered with the World Service Office as a Narateen Facilitator.

Signature: _____ Date: _____

Print Name: _____

TO REMAIN REGISTERED, FACILITATOR REGISTRATION FORMS NEED TO BE RENEWED ANNUALLY WITH THE NAR-ANON WORLD SERVICE OFFICE.



Please return this form to:
Nar-Anon Family Groups, Inc.

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310-534-8188 / 800-477-6291
www.nar-anon.org
Email: WSO@nar-anon.org

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