

Independent Facilitator Biography Form

1. **Name:** Valerie Adams

2. **Phone Number**

a. Cell: (313) 213-9198

3. **Email Address:** vjadams4@gmail.com

4. **Organizational Affiliations:** CWF, MOSES board member

5. **Specific areas of Expertise:** I'm resourceful, dedicated, open-minded, friendly, and like to help people trouble-shoot problems. I also have an Associate's degree in Mental Health Counseling and Addiction Counseling.



6. **What unique attributes do you bring to your role as an Independent Facilitator?**

I'm caring, spiritually motivated, and a positive encourager.

7. **Why do you want to serve as an Independent Facilitator?**

I have a passion to help others, and a desire to empower others to reach full potential.

8. **Accommodations**

a. Are you fluent in languages other than English? No

b. Do you require any accommodations? Yes, require physically accessible space and materials in large print.

9. **What times and geographic areas are you available to facilitate?**

Detroit Metro Area, Day and Evening Hours, some weekends

Michigan Developmental Disabilities Institute, Wayne State University

Independent Facilitator Level of Competency: I (Trained)

Level 1: Independent Facilitator has completed the Independent Facilitator training provided by the Michigan Developmental Disabilities Institute, Wayne State University.

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