

Independent Facilitator Biography Form

1. **Name:** Nate Clark

2. **Phone Number(s):**

a. Work: 616-956-3488

b. Cell: 616-821-8749

3. **Email Address:** Nate@dsawm.org

4. **Organizational Membership or Affiliations:**

- Program Director Down Syndrome Association of West Michigan
- Member of Down Syndrome Affiliates in Action, National Down Syndrome Congress, National Down Syndrome Society
- Steering Committee for WEAVE (Working to End Assault and Violence for Everyone) through YWCA
- Member of the Kent Transition Agency Network through KISD
- Co-Founder and Board Member of LIFT (Living in Fullness Together)

5. **Specific areas of expertise:** Down syndrome, Autism, Transition ages to Adult, Mental Health

6. **What unique attributes do you bring to your role as an independent facilitator?**

I have worked with individuals with disabilities for many years in private therapy, school system, and local nonprofits, as well as various volunteer opportunities. My degrees (BA in Education and MA in Counseling) also have provided me experiences and knowledge in areas of facilitation in meetings and working with diverse populations.

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

I want to help everyone reach their life goals and potential and be fully implemented and accepted in their communities. I love walking alongside individuals and helping them accomplish milestones.

8. **Accommodations:**

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

b. **Please identify other available accommodations:** None



c. Do you need any accommodations to facilitate your role as a Facilitator? No

9. Times of day and geographic locations for which you are available to facilitate:

Flexible days and times, prefer West Michigan locations.

The Arc of Midland Independent Facilitator Level of Competency: Level of Competency:

Level 1: Independent Facilitator has completed the Independent Facilitator training provided by The Arc of Midland