

Independent Facilitator Biography

1. **Name:** Terrance J. Pope

2. **Phone Number(s)**

a. Work: 313-918-6844

c. Cell: 313-989-3532

3. **Email Address:** terrancepope3gmail.com

4. **Organizational Membership or Affiliations:** B.O.M.B (Bring Our Men Back) Squad, Ascended Volition, L3C, Central Detroit Christian

5. **Specific areas of expertise:** Self-determination, encourager, motivator, physical fitness, person centered planning for the disabled community, mental health advocacy

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

I am energetic, optimistic, creative, and relatable.

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

I want to serve as an independent facilitator to help individuals meet their goals and overcome barriers. As a person, who has been diagnosed with a mental health disorder and a physical disability, I know how it feels to feel stuck and incapable. Having overcome these struggles with the help of my own facilitator, I am inspired to be that for others.

8. **Accommodations**

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

b. Please identify other available accommodations.

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

If yes, please specify: The meeting location needs to be handicap accessible.

9. **Times of day and geographic locations for which you are available to facilitate:** Evenings in Wayne, Oakland, Livingston, or Macomb counties

10. **Virtual Facilitation: Do you have a computer, tablet, or smartphone with internet access?**

Yes No

Level of Competency: I (Trained)

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

