



Mentor Application

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

Best time to call _____

Affiliate Leader reference

Name:

Email:

Phone:

(Please note: Your reference should be someone who knows you well enough to recommend that you be trained to become a Mentor.)

Are you a member of NAMI? Yes No

If **no**, are you willing to join? Yes No

Have you ever been convicted of a felony? Yes No

If **yes**, please explain:

Please tell us why you want to be a NAMI Peer-to-Peer Mentor:

Job Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Peer-to-Peer model
- ✓ Commitment to conduct 2 Peer-to-Peer classes within a period of two years
- ✓ Ability to provide group participant data as required
- ✓ Willingness to identify potential new Mentors from their Peer-to-Peer classes
- ✓ Positive regard for, or personal experience with Peer-to-Peer classes
- ✓ Be or become a member of NAMI
- ✓ Coordinate Classes with Affiliate or local Support Group leadership
- ✓ Encourage class attendees to join NAMI and participate in Affiliate or local Support Groups.

Availability to co-teach a NAMI Peer-to-Peer class (Check **all** that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own local transportation? Yes No
Public Transportation? Yes No

Are you willing to travel? Yes No

If yes, how far: 5-10 miles 11-20 miles More than 20 miles

What language(s) other than English do you speak fluently?

Information needed should you be selected to attend training:

1. Do you have any dietary restrictions or food allergies? If so please specify.

2. Do you need any special accommodations that we should be aware of? If so please specify:

3. Will you be requiring overnight accommodations for Thursday night? Yes No

4. Do you have transportation to the training? * Yes No

* If yes, would you be willing to transport other participants? Yes No

Before training requirements:

1. Set the time, date and place where you will teach your first Peer-to-Peer class. If possible, work closely with your local affiliate leadership.
2. This class should be taught as soon as possible after your training. (No more than 4 months after training.)
3. Find a co-teacher.
4. Advertise for participants in your class.
5. Notify the program director with these details so that the class can be advertised on the NAMI National and NAMI Georgia web sites. Also to determine if this class meets the requirements stipulated by NAMI Georgia.

Agreements

- I have read and understand the NAMI Peer-to-Peer Mentor requirements.
_____ (initial)
- I understand that if there are more applicants than training slots, I may be placed on a Waiting List for the Training. If I am, I will keep the Training Weekend open in the event a training slot opens up for me.
_____ (initial)
- I understand that my attendance at Peer-to-Peer Training does not guarantee that I will be certified as a NAMI Peer-to-Peer Mentor.
_____ (initial)
- If selected to attend - Attending the NAMI Peer-to-Peer Training, and receiving certification as a Mentor, I acknowledge that I am making a commitment to teach at least two Peer-to-Peer classes within a two year period.
_____ (initial)

(Date)

(Signature)



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Please send or e-mail completed application, letter of recommendation and signed code of conduct

to:

NAMI Georgia Program Director

programs@namiga.org

NAMI Georgia

4120 Presidential Pkwy, Ste 200

Atlanta, GA 30340

www.namiga.org

Email confirmation will be sent when applications are received. Confirmation of approval/denial will also be sent via email.