

Presenter Training Application Form

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Best time to call: _____

NAMI Affiliate: _____

Availability to present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

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

Are you willing to travel? Yes _____ No _____ Overnight (if applicable)? Yes _____ No _____

What language(s) do you speak fluently? _____

Are you a young adult? Age 18-30 _____ Age 31-35 _____ No _____

Which describes you (select all that apply)? Individual with a mental illness _____ Family member _____ Current or Formal School Professional _____

What is your (or your family member's) current diagnosis?

Are you currently a NAMI member? Yes _____ No _____

If not, are you willing to become a NAMI member? Yes _____ No _____

Are you comfortable with self-disclosure? Yes _____ No _____

Are you able to maintain a positive outlook and talk about your experience without "going negative"?
Yes _____ No _____

Are you willing to undergo a background check if required by your NAMI Affiliate? Yes _____ No _____

List other NAMI programs you have participated in and your role in the program (e.g. trainer, teacher, presenter, etc.):

