



NAMI Ending the Silence



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

Which best describes you? Individual with a mental illness _____ Family member _____

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.):

1. Why do you want to be an Ending the Silence Presenter?
2. What is it about your (or your family member's) experience that you think the students will be able to relate to?
3. What does recovery mean to you?
4. What are your views on treatment for mental health conditions?