



Presenter Training Application

Date: _____

Name: _____ **Home Phone:** _____ **Work Phone:** _____

Address: _____ **Cell Phone:** _____

City: _____ **E-mail:** _____

Zip Code: _____ **Best Time to Call:** _____

NAMI Affiliate: _____

Availability to present (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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.)

Why do you want to be an Ending the Silence Presenter?

What is it about your (or your family member's) experience that you think the students will be able to relate to?

What does recovery mean to you?

What are your views on treatment for mental health conditions?