



NAMI Ending the Silence

National Alliance on Mental Illness



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 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?

Presenter training is provided by NAMI Northern Virginia, NAMI Virginia, and a grant from Virginia DBHS.

Please send completed applications to NAMI Northern Virginia's Program Coordinator, Laura Maki:

Email: lmaki@nami-nova.org

Mail: NAMI Northern Virginia, P.O. Box 8693, Reston, VA., 20195

Phone: (571) 458-7310

For staff use only:
