



In Our Own Voice Presenter Application Form

Training runs Saturday 9:00am – 5pm

Online training required before attending the in person training

Training date and location to be announced

Training provided at no cost thanks to a grant by DBHDS

Name _____
 Address _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email (required) _____ Fax _____

Best time to call _____

Availability to present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own transportation? yes__ no__ Public Transportation? yes__ no__

Are you willing to travel?__ Overnight (If applicable)__

What language(s) do you speak fluently? _____

What is your current diagnosis? _____

Why do you want to be an In Our Own Voice Presenter?

What does recovery mean to you?

(over)

What are your views on treatment (traditional and/or nontraditional)?

Additional Comments:

Are you already a NAMI member? yes ___ no ___

If no, you will need to become a NAMI member before attending the training.

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 Makl:

Email: lmakl@nami-nova.org

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

Phone: (571) 458-7310

For staff use only:

