



NAMI Teacher/Facilitator Application

Please select the program for which you are applying:

Family-to-Family Teacher: _____ Family Support Group Facilitator: _____

BRIDGES Teacher: _____ Connection Support Group Facilitator: _____

Progression Teacher: _____ Basics Teacher: _____

Name	Today's Date
Phone number(s)	Area/Affiliate
Email address	Mailing address

Reference (Name and email or phone) _____
 (Please note: your reference should be someone who knows you well enough to recommend that you be trained to become a teacher.)

Are you a member of NAMI? Yes _____ No _____ If **no**, are you willing to join? Yes _____

What language(s) other than English do you speak fluently? _____

Have you participated in NAMI groups before? Yes _____ No _____
 If **yes**, which one?

Have you ever been convicted of a felony? Yes _____ No _____
 If **yes**, please explain:

Please tell us why you want to be a NAMI teacher/facilitator:

(For Consumer programs) How are you doing in your recovery right now?

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Information needed should you be selected to attend training:

Do you need a hotel room for the weekend of the training? Yes _____ No _____

In order to save expenses, NAMI asks training participants to share a hotel room. To request a single room you may pay for half the expense (approximately \$50.00 per night).

_____ I am willing to share a room

_____ I would like to request a single room (please make check payable to NAMI Utah)

Do you have any dietary restrictions or food allergies? If so please specify.

Do you have any special accommodations that we should be aware of? If so please specify.

Job Requirements:

- ✓ Willingness to undergo training and to maintain fidelity to the NAMI model and course material
- ✓ Commitment to co-teach a minimum of two classes or co-lead a support group for a minimum of one year
- ✓ Ability to complete and turn in class reports as required
- ✓ Willingness to identify potential new teacher/facilitators from your groups
- ✓ Positive regard for, or personal experience with peer support
- ✓ Be or become a member of NAMI

I have read and understand the job requirements of the appropriate NAMI volunteer position.

_____ (initial)

I understand that my attendance at the teacher training does not guarantee that I will be certified as a teacher/facilitator. _____ (initial)

(Date)

(Applicant signature)

For affiliate use only:

I recommend this person to be trained as a teacher/facilitator for my area. _____ (initial)

We have scheduled a class/support group to start within 2 months of the training. _____ (initial)

(Date)

(Affiliate president signature)

PLEASE RETURN TO:
NAMI Utah - Programs Coordinator
450 South 900 East #160, Salt Lake City, UT 84102
wendyf@namiut.org
Phone: 801-323-9900
Fax: 801-323-9799