

**Presenter Training Application Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAMI Affiliate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you require a vegetarian meal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability to present (please check all that applies)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 \_\_\_\_

Are you an adult age 36+? \_\_\_\_\_

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 with out “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.):

NAMI Ending the Silence Program: 2014

1. Why do you want to be a NAMI 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?
5. I am committed to make myself available for presentations for the next two years if asked to do so. Initial here\_\_\_\_\_

NAMI Ending the Silence Program: 2014

1. Have you ever been convicted of a misdemeanor of felony carrying a potential jail or prison term (excluding traffic offenses)? Yes No If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(a conviction does not preclude you from being a Basics teacher. Some offenses might preclude you from teaching.)*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ recommends me as an Ending the Silence presenter. *First & Last Name Position with affiliate*
2. *If NAMI Kentucky reserves you a room for this training, and you do not notify us (by calling 859-797-7849) or the hotel by 4:00 pm the day of reservations to cancel the lodging, you will be personally responsible for the payment of the lodging. Initial here \_\_\_\_\_\_.*
3. I authorize NAMI Kentucky or its agents to conduct a background check on me. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. Breakfast & Lunch will be provided on Saturday

Do you require a vegetarian meal? \_\_\_\_\_\_\_

1. Are you a NAMI member? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

If no, are you willing to join and keep your membership current? \_\_\_\_\_ yes \_\_\_\_\_No

1. How long have you been involved in your local NAMI affiliate support group? \_\_less than 1 year \_\_\_1-2 years \_\_\_3-4 years \_\_\_ 5 years \_\_\_5+years
2. I authorize NAMI Kentucky or its agents to use my picture in their quarterly newsletter Yes \_\_\_\_ No \_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For Affiliate Chair or Education Coordinator only:**

I certify that this individual is in recovery and qualified to take the Ending the Silence Presentation Training

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Application is due two weeks before the training.

*Please send finished application to:*

*NAMI Kentucky 2441 S Hwy 26 Somerset, KY 42501*

*or* ***email:***[*namiky@bellsouth.net*](mailto:namiky@bellsouth.net) *or*

*Fax: 606-677-4148*

NAMI Ending the Silence Program: 2014

Send you application to:

NAMI Kentucky 201 Mechanic Street

Lexington, KY 40507 or

Email: [namiky@namiky.org](mailto:namiky@namiky.org) or

Fax: 859-423-1200

(Revised 1/29/2020)