



The NAMI Family-to-Family Teacher training is a 3-day training. All materials, snack and meals (excluding dinner Saturday and Sunday) will be provided at no cost to participants. Participants are responsible for travel and lodging expenses.

**Tentative Training Hours:**

Friday, 1:30 pm – 8:00 pm. Saturday, 8:30 am – 6 pm. Sunday, 8:30 am – 2 pm.

***To be considered for this NAMI training, Affiliate leaders please send completed forms to:***

NAMI Keystone Pennsylvania, *Attn: Susan Caban*  
105 Braunlich Drive, McKnight Plaza, Suite 200, Pittsburgh, PA 15237  
FAX (412) 366-3935

Any questions please call/email Susan Caban at (412) 366-3788 or [scaban@namikeystonepa.org](mailto:scaban@namikeystonepa.org)

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

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

Phone: Best number to reach you: \_\_\_\_\_

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

NAMI Family-to-Family teachers assist in NAMI’s mission of support, education, and advocacy by providing family members and friends of adults living with mental illness with valuable information, communication techniques, and problem solving skills that enable families to better support and advocate for their loved one. NAMI Keystone Pennsylvania strongly believes in peer support and we seek qualified candidates for this signature program who have lived experience to draw from.

**Benefits of Volunteering:**

- Volunteers are provided teacher training and supplies at no cost.
- Volunteers have the opportunity to give hope and direction to families struggling to understand and support their loved one’s living with mental illness.
- Volunteers have the opportunity to engage with peers for personal growth and support.

**Responsibilities/Duties of a NAMI Volunteer Family-to-Family teacher:**

- Commit to teaching (2) twelve session courses within two years of achieving your teaching certification. Volunteers are welcomed and encouraged to stay involved if so desired beyond the two course requirement.
- Maintain the confidentiality of course participants and fidelity to the teaching module.
- Work in coordination with a local NAMI affiliate who will be offering the course.
- Maintain current NAMI membership while teaching.

(Continued on next page)

**Teaching Time commitment:** While preparing for and teaching a course, anticipate devoting 3 hours weekly for a 3 month period to the success of the course.

**Teacher Qualifications:**

- Must be a family member/personal caregiver of an adult living with a mental illness.
- Must be a current member of NAMI.
- Be at a point in your loved one's illness to have the time to commit to a volunteer role and bring attention and compassion to the course and its participants.
- Be at a point in your loved one's illness to be able to speak openly and honestly about your own experiences.
- Be supportive of NAMI's components and definition of Recovery.
- Be a team player as you fulfill this role in coordination with your local NAMI affiliate and your co-teacher.
- Be willing to adhere to the fidelity of the NAMI Family-to-Family teaching model.
- Be comfortable with reading aloud and speaking to an audience.

**Please complete the following:**

1. **I am a family member of an individual with serious mental illness.** No Yes

Please indicate your relationship (spouse, parent, etc.) \_\_\_\_\_

2. **Have you completed the Family-to-Family course?** No Yes

If yes, please provide date and location of class. \_\_\_\_\_

3. **I am a current member of NAMI.** No Yes **Affiliate Name:** \_\_\_\_\_

*(You must be a NAMI member prior to training in order to be a NAMI program leader.)*

4. **I am able to attend the 3-day Teacher training in its entirety.** No Yes

5. **Have you or your NAMI Affiliate designated a trained co-teacher for you teach with?**

No Yes

**Briefly indicate your reasons for wanting to become a certified NAMI Family-to-Family Teacher.**

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**What personal attributes do you possess that you feel would be beneficial as a NAMI Family-to-Family teacher? Include both personal and/or professional experience with serious mental illness.**

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

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## Family-to-Family Teacher Training Agreement

- I agree to be at each session of the training workshop on time.** *Please understand that if you are excessively late to sessions you may jeopardize your participation in the workshop and a teacher certificate may not be issued to you.*
  
- I understand that participation in this training does not guarantee that I will become a certified NAMI teacher.** *Trainees must demonstrate the qualifications needed to become a NAMI Family-to-Family teacher by the end of the training. The first day of training provides an opportunity for trainees to assess their basic qualifications for being a teacher. Any concerns should be brought to the trainers' attention.*
  
- I agree to notify Susan Caban at (412) 366-3788 if I am unable to attend the training.** *There is often a waiting list for training and prompt notification of a cancellation enables us to invite another participant.*
  
- I agree to teach NAMI Family-to-Family according to the established NAMI Family-to-Family operating policies (pg iii in the Teacher's Manual).**
  
- I agree to teach (2) Family-to-Family courses within the first two years of my certification.** *It is understood that unexpected situations may occur in which flexibility in this policy will be needed. The expectation is not that the two cycles occur within a year but rather are completed within a reasonable amount of time given the teacher's circumstances.*

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Applicant Signature

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Date

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Print Name

## **Trainee Emergency Contact Form**

**Your Name:** \_\_\_\_\_

**Emergency Information for TWO contacts.**

1. Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Allergies/Diet Considerations? \_\_\_\_\_

Any other emergency information you would like noted (people in your care, medical conditions etc.): \_\_\_\_\_

\_\_\_\_\_

**Please Return with Your Application to:**  
NAMI Keystone Pennsylvania, Attn: Susan Caban  
105 Braunlich Drive, Suite 200, Pittsburgh PA 15237  
Fax: 412-366-3935      email: [scaban@namikeystonepa.org](mailto:scaban@namikeystonepa.org)