



## In Our Own Voice Presenter Application Form

(Please complete all four pages of the application)

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Best time to call:  Day  Evening  
 Email \_\_\_\_\_ County of Residence \_\_\_\_\_

\*Are you a current NAMI member? Yes  No

If yes, which Affiliate: \_\_\_\_\_ If no, are you willing to join? Yes:  No:   
 (You must be a NAMI member in order to be an IOOV presenter.)

**Availability to present, to the best of your knowledge (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 for IOOV presentation? Yes  No

If yes, how far:  5-10 miles  11-20 miles  More than 20 miles

Are you fluent in other languages besides English? \_\_\_\_\_

Presenter Age (18-30)  (30+)

Have you ever been convicted of a felony? Yes:  No:

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

-NEXT PAGE-

**How did you hear about NAMI’s In Our Voice program? Tell us what you currently know about the program.**

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**Why do you want to be a NAMI “In Our Own Voice” Presenter?**

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**How would you define Recovery in respect to mental illness?**

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**How would you define your own recovery status at this time?**

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**Why do you feel that you are ready to share your experiences with others and “give back” to the community through In Our Voice?**

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- I understand that the presenter training is a mandatory, 2-day training. \_\_\_\_\_ (initial)
- I understand that my attendance at Presenter Training does not guarantee that I will be certified as a NAMI In Our Own Voice Presenter. \_\_\_\_\_ (initial)
- I acknowledge that all presenter/training materials and handouts are protected by copyright and will not copy without permission of the copyright holder. \_\_\_\_\_ (initial)

**\*\*\*Application submission does not guarantee placement in training.\*\*\***

**Space is limited. All applications will be reviewed and participants will be notified regarding their acceptance.**

Please send completed applications by mail, email or fax to:  
NAMI Keystone Pennsylvania  
*Attn:* Susan Caban, Director of Education  
105 Braunlich Drive, Suite 200, Pittsburgh PA, 15237  
Fax: 412-366-3935 or email: [scaban@namikeystonepa.org](mailto:scaban@namikeystonepa.org)



## Participant Emergency Form

### Emergency Information:

Contact Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Telephone numbers (2 preferred) \_\_\_\_\_

Do **you** have cell phone number we can reach you at that weekend? \_\_\_\_\_

Medical/Physical or Diet Considerations or Accommodations (please explain):

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Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Please Mail, Fax or Email to:**

NAMI Southwestern Pennsylvania  
Attn: Susan Caban, Director of Education  
105 Braunlich Drive, Suite 200, Pittsburgh PA, 15237  
Fax: 412-366-3935 or email: [scaban@namikeystonepa.org](mailto:scaban@namikeystonepa.org)