

Name _____

Address _____ City _____

State _____ Zip _____ Best phone to reach: _____

Email _____

Your NAMI Affiliate Leader reference: *(provide Affiliate name and Leader name, email, and phone)*

Are you a member of NAMI? Yes No

NAMI Program Leaders are required to be members. If no, are willing to join NAMI? Yes No

Have you ever been convicted of a felony? Yes No

If **yes**, please explain:

Mentor Requirements:

- Willingness to undergo training and to adhere to fidelity to the NAMI Peer-to-Peer model
- Commitment to conduct 2 Peer-to-Peer classes within a period of two years
- Ability to provide group participant data as required
- Willingness to identify potential new Mentors from their Peer-to-Peer classes
- Positive regard for, or personal experience with Peer-to-Peer classes
- Be or become a member of NAMI
- Coordinate Classes with Affiliate or local Support Group leadership
- Encourage class attendees to join NAMI and participate in Affiliate or local Support Groups.

Availability to co-teach a NAMI Peer-to-Peer class (Check **all** that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own local transportation? Yes No

Public Transportation? Yes No

Are you willing to travel to teach? If yes, how far:

5-10 miles 11-20 miles More than 20 miles

Please tell us why you want to be a NAMI Peer-to-Peer Mentor:

ACKNOWLEDGEMENTS

I have read and understand the NAMI Peer-to-Peer Mentor requirements. ____ (initial)

I understand that if there are more applicants than training slots, I may be placed on a Waiting List for the Training. If I am, I will keep the Training Weekend open in the event a training slot opens up for me. ____ (initial)

I understand that my attendance at Peer-to-Peer Training does not guarantee that I will be certified as a NAMI Peer-to-Peer Mentor. ____ (initial)

If selected to attend I agree to attend the 1.5 day, NAMI Peer-to-Peer Training.

If certified as Peer-to-Peer Mentor, I acknowledge that I am making a commitment to teach at least two Peer-to-Peer classes within a two year period. ____ (initial)

Date

Signature

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 and/or Diet Considerations or Accommodations we should be aware of
(please explain):

Signed _____ Print Name _____

Date _____

Please Mail, Fax or Email (no later than 10 days prior to training) 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