



NAMI Basics Teacher Training Application

Name _____

Address _____

City/State/Zip _____

Ph: _____ Email _____

Reference Name: _____ Relationship: _____

Contact: _____

Please note: Your reference should be someone who knows you well enough to recommend you for the NAMI Basics teacher training.)

Are you a current member of NAMI? Yes No *(NAMI membership is required to become NAMI program leader)*

If yes, name of Affiliate: _____

If no, are you willing to become a member? Yes No

Are you a parent or other direct caregiver of a child/adolescent with a mental illness? Yes No

What is the age of the child/adolescent that you are concerned about? _____ years

Has your child been given a diagnosis? Yes No

If yes, what is the most current diagnosis? _____

How long has your child exhibited symptoms of mental illness? _____ years

Does your child attend public school? Yes No

If no, what type of educational program is your child involved in? _____

Has your child graduated from High School? Yes No If so, when? _____

Are you a graduate of any of NAMI's education programs? Yes No

If yes, please list which ones. _____

Have you attended a NAMI Basics 6-week education course? Yes No

Have you ever been convicted of a felony (optional)? Yes No

Why would you like to become a NAMI Basics Teacher?

Describe your experiences with mental illnesses.

Volunteer Requirements:

- Willingness to undergo training and adhere to fidelity to program model is required
- Commitment to teach at minimum of two 6-week NAMI Basics courses
- Ability to provide course data as required
- Willingness to identify potential new teachers from education courses
- Willingness to promote NAMI membership to course participants
- Member of NAMI

- I have read and understand the NAMI Basics teacher volunteer requirements. _____ (initial)
- I understand that my attendance at the NAMI Basics teacher training does not guarantee that I will be certified as a NAMI Basics Teacher. _____ (initial)
- If I am selected to attend NAMI Illinois' Basics teacher training and receive certification as a teacher, I acknowledge that I am making a commitment to teach a minimum of two NAMI Basics Education Courses. _____ (initial)

Affiliate President's Signature _____

Applicant's Signature _____

PLEASE RETURN APPLICATION PROMPTLY:

NAMI Keystone PA c/o Susan Caban, scaban@namikeystonepa.org or fax 412-366-3935