



Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Young presenters should be between 18-35, what is your age? 18-25 26-35 35-50 50+

NAMI Affiliate: _____

Do you have your own transportation? Yes No

If no, do you have access to public transportation? _____

How far are you willing to travel for a presentation? 20 mins _____ 30 – 60 mins _____ +60 mins _____

Please check off your preferred availability for presentations (to the best of your ability.)

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
DAY							
EVENING							

Please complete all of the following questions. Information provided is not shared.

Which best describes you? Individual with a mental health diagnosis Family member

Are you comfortable with self-disclosure Yes No

NAMI MEMBERSHIP STATUS

Are you currently a NAMI member? Yes No

If yes, please indicate which affiliate you hold your membership with.

If you are not a member, are you willing to join prior to training? Yes No

Have you been recommended by your local NAMI affiliate? Yes No

What age group do you fall in?

Are you willing to undergo a background check (often required by schools) 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.):

Why at this time would you like to be a NAMI Ending the Silence Presenter?

What in particular about your mental health experience or your family member's experience, do you think would be relatable to middle and high school students?

As it pertains to yourself, what does "recovery" mean in regards to a mental health diagnosis?

Please send completed application first to your local NAMI affiliate for recommendation. If not applicable, you may email to Susan Caban, NAMI Keystone Pennsylvania, scaban@namikeystonepa.org or fax 412-366-3935.

