

Name _____

Address _____ City _____

State _____ Zip _____ Best phone to reach: _____

Email _____ County: _____

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

NAMI Program Leaders are required to be members. Are you a member of NAMI? Yes No
 If no, are willing/able to join NAMI before completing the training? Yes No

Have you ever been convicted of a felony? Yes No If yes, please briefly 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/able 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 Leader. Include skills that you feel are important to have:

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, I agree to attend the 1.5 day, NAMI Peer-to-Peer Training. (initial)

If certified as Peer-to-Peer Leader, I acknowledge that I am making a commitment to teach at least two (2) 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