

**NAMI Missouri's *In Our Own Voice* Presenter Training
September 29, 2018
Application Deadline August 27, 2018**

PLEASE PRINT LEGIBLY & FILL OUT COMPLETELY

* Name you'd like on your Certificate? _____ Date: _____

Name you'd like on your Name Tag? _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone: _____

E-mail address: _____

What NAMI education class/training(s) have you completed & where/when? _____

Have you seen a presentation given of the IOOV Program? Yes No

Are you able to travel to Jefferson City to attend this training? Yes No

Are you willing to commit to giving a minimum of three (3) presentations per year? Yes No

Do you have any special dietary needs? No Yes Please list: _____

Will you need a handicap accessible room? Yes No

All rooms are non-smoking, with a place to smoke outside. You will be charged \$150 to clean the room if you smoke inside the sleeping room. Do you agree to smoke outside? Yes No

Fidelity to the IOOV program format, policies and procedures, working together as a team of two, telling your story, answering questions, providing resources, completing Presenter Report Forms, stipend invoices, and requesting evaluations at the end of the presentations *are required*. Are you able to commit to meeting these requirements and providing necessary paperwork? Yes No

On the back side of this form, or another sheet of paper, please:

1. Describe in 2-4 sentences why you would like to become an IOOV Presenter.
2. Describe in 2-4 sentences your experience with mental illness/brain disorders, and your current diagnosis.
3. Describe in 2-4 sentences your work/volunteer experience and/or qualifications.
4. Describe what recovery means to you.
5. Describe your views on treatment (traditional and/or non-traditional).
6. Describe the type of transportation you have available to go to presentations.
7. Describe what languages you speak fluently (besides English), plus any additional comments.

When are you available to give presentations?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Please mail, fax or email your completed application to:

Alice J. Kliethermes, CMPS, Director of Consumer Services
NAMI Missouri
3405 West Truman Blvd., Suite 102
Jefferson City, MO 65109

alice@namimissouri.org
Fax (573) 761-5636

If you have questions call:
(573) 634-7727
Ext. 203

*Must be a NAMI member in good standing. Open Door Memberships--\$5/year. **Please return by August 27**