

**NAMI Basics Education Program  
Teacher Application \* (Application Deadline – May 5, 2018)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

**1. Have you ever taken the NAMI Basics Course?**

Yes  No

If yes, give teacher's name, location of class and date.

\_\_\_\_\_

If no, have you ever taken any other NAMI educational courses (Family to Family, Peer to Peer)?

Yes  No

If yes, give teacher's name, location of class and date.

\_\_\_\_\_

**2. Are you a member of NAMI <state>?  Yes  No**

If yes, list the affiliate you are associated with:

\_\_\_\_\_

**3. Are you a member or facilitator of a support group?  Yes  No**

If yes, where does your group meet?

\_\_\_\_\_

**4. Are you a parent or other direct caregiver of an individual who developed symptoms of mental illness before the age of 13?**

Yes  No

**5. What is the age of that individual now? \_\_\_\_\_ years**

**6. Has he/she been given a diagnosis?  Yes  No**

If yes, what is the most current diagnosis?

\_\_\_\_\_

**7. How long has he/she exhibited symptoms of mental illness? \_\_\_\_\_ years**

**8. Does/did your child attend public school?  Yes  No**

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

\_\_\_\_\_

**9. Has your child graduated from High School?  Yes  No If so, when? \_\_\_\_\_**

**Please describe in 5-10 sentences**

**1. Why you would like to become a NAMI Basics Teacher?**

**2. Your experiences with a child or adolescent with mental illnesses.**

**Please send your application to:**

**Sonya Baumgartner**

**3405 West Truman Blvd., Suite 102**

**Jefferson City, MO 65109**

**(573) 634-7727 or 800-374-2138**

**Fax- (573) 761-5636**

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