



NAMI
National Alliance on Mental Illness

Missouri

In Our Own Voice Presenter Training Application

Training will be held at the Best Western Capital Plus Inn in Jefferson City May 3-4, 2019.

Name to print on name tag and certificate

Address

City, state, zip

Cell

Email

Have you attended or completed any other NAMI courses or classes? Yes No

If yes, describe:

Have you attended an In Our Own Voice (IOOV) Presentation? Yes No

Are you a member of NAMI? Yes No

Are you able to travel to Jefferson City to the In Our Own Voice (IOOV) presenter training? Yes No

Can you commit to giving at least 3 IOOV presentations? Yes No

Do you have any dietary restrictions or allergies? Yes No If yes, describe:

Will you need an accessible room? Yes No

Would you prefer to share a room? Yes No If yes, name:

Please answer the following questions. You may use the back of this form or another piece of paper, if necessary.

1. Describe why you would like to become an In Our Own Voice presenter.

2. Describe your experience as a peer with a mental health condition, mental illness or brain disorder.

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NAMI Connection Recovery Support Group Facilitator Application (continued)

3. Describe your work/ volunteer experience and/ or qualifications.

Facilitator Job Requirements

Please review/ check all requirements:

Willing to attend training to become an In Our Own Voice (IOOV) presenter.

Able to coordinate transportation to the training and to presentations.

Positive regard for/ personal experience with recovery.

Ability to provide (de-identified) data as necessary to support grant requirements.

Willing to submit required reporting documents.

Please initial all statements:

(initial) I have read and understand the In Our Own Voice (IOOV) presenter requirements listed above.

(initial) I am or can become a NAMI member. (\$5 Open Door memberships are available.)

(initial) I understand that my attendance at IOOV Presenter Training does not guarantee that I will be certified as a NAMI In Our Own Voice (IOOV) presenter.

(initial) By attending the NAMI In Our Own Voice (IOOV) presenter training and receiving certification as a presenter, I acknowledge my interest in delivering presentations.

Date

Signature
(digital signature ok)

Please email, mail or fax the completed application to:
Alice Kliethermes, Director of Consumer Services, NAMI Missouri
3405 West Truman Blvd., Suite 102, Jefferson City, MO 65109
Email alice@namimissouri.org | Fax (573) 761-5636 | Call (573) 634-7727

Application deadline: April 2, 2019