

Presenter Application

ALL INFORMATION GIVEN IS COMPLETELY CONFIDENTIAL.

Date: _____ **PLEASE PRINT LEGIBLY**

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

Emergency Contact:

Have you been a NAMI or TMHCA speaker, teacher, or support group facilitator? **Yes** **No**
If yes, which programs/where/when?

Have you completed the BRIDGES, WRAP or Peer Support Specialist training? **Yes** **No**
What other education class/training have you completed & when?

Are you an active member of your local NAMI affiliate? **Yes** **No**

| | | | |
|------------------|------|---------|--------|
| Affiliate's Name | City | Phone # | E-mail |
|------------------|------|---------|--------|

Are you a member of a NAMI / BRIDGES support group? **Yes** **No** A facilitator? **Yes** **No**

Are you able to travel to designated location for IOOV training? **Yes** **No**

Are you able to devote the required time to attend the entire training? **Yes** **No**

Will you be able to arrive ON TIME for this training? **Yes** **No**

Are you willing to commit to giving a minimum of two (2) presentations? **Yes** **No**

Do you have special dietary needs? **Yes** **No** (Diabetes, Vegetarian, Kosher, Food (Nut) Allergies, etc.)
Please list: _____

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 meet these requirements and provide necessary paperwork? **Yes** **No**

**Must be a NAMI member in good standing.*

Please list your current diagnoses: _____

Do you remember experiencing mental illness as a child? Yes No

Have you ever been hospitalized for a psychiatric illness? Yes No

Approximate date of first time? _____ Last time? _____

How long have you been in recovery? _____

Do you believe you are in a position and able to focus on understanding the audience's issues while keeping your own personal problems or issues in perspective? Yes No

Are you able to provide the time necessary to prepare each time you present? Yes No

Are you prepared to observe the "Confidentiality Rule" ("what is said in the room and who is in attendance remains in the room")? Yes No

When discussing medication, treatment, legal issues, specific providers or diagnosis and symptoms, do you understand that you can refer only to YOUR personal situation or offer only general information?
 Yes No

Do you feel you have the presentation skills (reading, communication skills, sensitivity to others, defusing conflicts) to present the material? Yes No

In discussing religious issues, politics, sex and giving advice, are you aware these issues are very sensitive and must be handled with special care, or not be discussed at all? Yes No

Do you foresee a problem with personal grooming, proper dress/attire or appropriate language when presenting IOOV? Yes No

If at any time you have second thoughts about your role as a presenter, do you feel comfortable in approaching the IOOV Coordinator and expressing your concerns? Yes No

Please note that the following information will not be used to evaluate your aptitude for training but may be used in arranging or assigning presentations. Your answers are completely confidential.

Because different audiences require different presenters please list:

Your Age: _____ Ethnic background: _____

Have you had dealings with the **police** because of your illness? Yes No

If so: **Yes**, I am willing to share my experience with others.

No, the experience was traumatic and I don't want to share that in public at this time.

Do you attend religious services? Yes No If yes, where? _____

You will be responsible for travel to and from the training and presentations. (**Roundtrip mileage over 30 miles is reimbursable**) Do you have reliable transportation available? Yes No

To what counties are you willing to travel to in order to present? _____

WHAT DAYS/TIMES ARE YOU AVAILABLE TO PRESENT?

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

Morning

Afternoon

Evening

IOOV is presented to audiences of consumers, employee in-service trainings, family members, professionals, students, police, church groups, business groups, etc. Are there any groups you particularly **WANT** to present to?

Are there any groups you particularly **DO NOT WANT** to present to?

Please address the following questions using the paper attached.

Describe in 5-10 sentences why you would like to become an IOOV Presenter.

Describe in 5-10 sentences your experience with mental illness/brain disorders.

Describe in 5-10 sentences "My hardest times."

Describe in 5-10 sentences "How I have stayed in recovery."

Describe in 5-10 sentences "My views about medicine and recovery."

Describe in 5-10 sentences your work/volunteer experience and/or qualifications.

Anything else you would like to let us know:

Name to be printed on your Certificate: _____

Name to be printed on your Name Tag: _____

Please mail or email this application to:

Alondra Soto
Peer Programs Coordinator
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Nashville, TN 37217

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