



Ending the Silence Presenter Application Form

Name: _____

Affiliate: _____

Address: _____

City/Zip Code: _____

Phone: _____ Alternate Phone: _____

Email: _____

Best time to call: _____

Availability to present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Do you have your own transportation? Yes _____ No _____

Are you willing to travel? _____ Overnight (If applicable) _____

What language(s) do you speak fluently? _____

Are you currently a NAMI member? Yes _____ No _____

If not, are you willing to become a NAMI member? Yes _____ No _____

Are you entirely comfortable with self-disclosure? Yes _____ No _____

Are you able to maintain a positive outlook and talk about your experience without "going negative"?
Yes _____ No _____

List other NAMI programs you have participated in and your role in the program (trainer, teacher, presenter, etc.)

Describe any background in education (i.e. teacher, principle, retired school professional, school counselor, etc.):

Why do you want to be an Ending the Silence presenter?

What does recovery mean to you?

What are your views on treatment (traditional and/or nontraditional)?

PARENT AND PERSON WITH A DIAGNOSIBLE MENTAL HEALTH CONDITION:

Please check one: Parent _____ Person with a diagnosable mental health condition _____

What is your or your child's current diagnosis? _____