

NAMI PEER-TO-PEER APPLICATION FORM

Cambridge Hospital 1493 Cambridge Street, Cambridge MA	Starting Sunday September 17th , 2017 (Ending December 10 th , 2017)	Time 11:00am-1:30pm
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***Please return form to: Megan Wiechnik**, NAMI Massachusetts, The Schrafft Center
 529 Main Street, Suite 1M17, Boston, MA 02129

617-580-8541 617-580-8673 (fax) www.namimass.org **mwiechnik@namimass.org**

Name _____

Address _____

Phone _____

Cell _____

Email _____

Peer to Peer is only open to people with lived experience of mental health issues.
Do you have lived experience of mental health issues?

Yes No

Are you able to commit to an eleven week class?

Yes No

Are you 18 years of age or older?

Yes No

What are your major concerns at the moment? _____

What do you hope to get out of this class? _____

For some classes, we use a digital imagery app (MyMoments) that is only compatible with Apple products now—**do you have an iPhone/iPad you can bring to class those weeks?** Yes No
 [We will provide technology for anyone who does not to use during the class]

Do you have any food/environmental allergies Yes No

[Megan likes to bring snacks. You are also welcome to bring your own food, as the class spans typical lunchtime—we will let you know ahead of time if there are serious allergies to be aware of]

Office Use