



TRAINING APPLICATION 2018

*No trainings are currently planned but you are welcome to complete and return this application form.
You will be contacted when a training is scheduled.*

Please complete the application below and supply a letter of reference, or the name, phone or email of someone who we can talk to. Please note that there are no right or wrong answers to the questions on pages 2-4!

Please mail or email your application to: Judi Maguire Director, Peer Programs, NAMI Massachusetts, Schrafft's Center, 529 Main Street, 1M17, Boston MA 02129-1125
jmaguire@namimass.org Office Phone: (617) 580-8541 www.namimass.org

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Email: _____
Phone: _____
Cell: _____
Work: _____
Fax: _____
Best time to call: _____

Reference (Name and email or phone): _____

(Please note: Your reference should be someone who knows you well enough to recommend that you be trained to become a Peer-to-Peer leader)

Are you a member of NAMI? Yes: _____ No: _____

If **yes**, Local Affiliate: _____

If **no**, are you willing to join? Yes: _____ No: _____

Peer to Peer Application

Please tell us why you want to be a NAMI Peer-to-Peer leader (teacher)

How do you define recovery?

How are doing in recovery right now?

Why do you feel you are ready to 'give back' to others, the kind of support you've had or would like to have had?

Have you participated in a Peer-to-Peer class? _____

Do you feel you have extensive knowledge of mental health issues?

Peer to Peer Application

Do you feel you have accepted your mental health issues?

Are you able to share your experiences and what you've learned?

Do you feel comfortable reading from a text? Have you had any experience doing this?

Part of the Peer-to-Peer program involves using an I-pad to create digitally enhanced images. An I-pad will be provided for you and you will be trained.

Are you comfortable using technology? YES ___ NO ___

Do you have an I-pad or an I-pad mini? YES ___ NO ___

Do you have someone who you would like to teach with? _____

Where would you like to teach? _____

Do you have a location and a potential sponsor?

Availability : classes occur at many different times. Please indicate when you might be available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>

In order to mentor a Peer-to- Peer class you need to be a member of NAMI

Are you a member of NAMI YES ___ NO ___ *

Peer to Peer Application

Have you had any prior experience with making time commitments similar to this? How well did this work out for you?

Job Requirements:

- Are you willing and able to undergo an intensive three-day training?
- Do you agree to adhere to fidelity to the NAMI Peer-to-Peer model at all times?
- Are you willing and able to commit to teach at least two classes within one year of training?
- Do you agree to report class data?
- Are you willing to attend retraining and refresher programs remotely or in-person?
- Are you willing to identify potential new course participants?
- Are you willing to become a member of NAMI?
- Are you comfortable reading aloud to a group?
- Are you actively working on your own recovery?
- Will you have an attitude of sincere, uncritical acceptance of students and co-mentors?

Do you have your own transportation? Yes: _____ No: _____

Public Transportation? Yes: _____ No: _____

Are you willing to travel? Yes: _____ No: _____

If yes, how far: _____ 5-10 miles _____ 11-20 miles _____ More than 20 miles

Are you willing to facilitate a group in a hospital setting? Yes: _____ No: _____

What language(s) other than English do you speak fluently? _____

We are looking for teachers who have had experience with the justice system to teach classes.

You may have to take additional training.

Are you interested in doing this? Yes: _____ No: _____

Do you have a co-facilitator? (NAME) _____

Do you have a location, day or time? _____

Information needed should you be selected to attend training:

1. Do you have any dietary restrictions or food allergies? If so, please specify.

2. Do you need any special accommodations that we should be aware of? If so please specify.

Peer to Peer Application

3. Do you have transportation? Yes: _____ No: _____*

* If yes, would you be willing to transport other participants? Yes: _____ No: _____

- I have read and understand the NAMI Recovery Support Group Facilitator job requirements. _____ (initial)

- I understand that my attendance at Facilitator Training does not guarantee that I will be certified as a NAMI National Recovery Support Group Facilitator. _____(initial)

- If selected to attend the NAMI Recovery Support Group Facilitator Training, and receiving certification as a facilitator, I acknowledge that I am making a commitment to facilitating a support group at least twice per month for a one year period.

(Date)

(Signature)

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YOU WILL BE CONTACTED FOR AN INTERVIEW PRIOR TO TRAINING