



Peer-to-Peer Teacher Training Application

We are planning four Peer-to-Peer Teacher Trainings for 2019 in

- Boston
- Western Massachusetts
- Central Massachusetts
- South Shore

DATES TBA

The training for the new curriculum is very different, you will need to:

1. Take the eight-week Peer-to-Peer class
(this requirement is waived if Peer-to-Peer has not been offered in your area)
2. Complete an application form and tell us where you would like to train
3. Attend an Interview
4. Join NAMI Massachusetts (you must have email)
5. Create a Login for the NAMI National site
6. You will then be invited to complete all of the online classes which is part of the training
7. Take the training in one of four locations

Peer-to-Peer leader (teacher) training: If you wish to teach Peer-to-Peer please complete and return the NAMI Peer-to-Peer Training Application 2019. You will be contacted for an interview. Please mail or email your application to Judi Maguire, Director: Peer Programs Schrafft's Center, 529 Main Street, 1M17, Boston MA 02129-1125 or email jmaguire@namimass.org or fax 617-580-8673

What is Peer-to-Peer?

NAMI Peer-to-Peer is a free 8-week recovery-focused educational program for adults who wish to establish and maintain their wellness. Great value is placed on the individual experiences of each person in the class, participants are empowered and invited to share their own stories and the coping tools that have worked for them.

Peer-to-Peer is Transforming - giving you the tools for:

- Self-Discovery
- Self-Care
- Finding Community
- Making Decisions
- Moving Forward
- Making Friends

Peer to Peer Application

<ul style="list-style-type: none"> • Building Healthy relationships • Setting Goals • Dimensions of Wellness • Directing Care • Relapse Prevention • Gaining Confidence • Relaxation • Empowerment • Self-Acceptance and Understanding • I-statements 	<p>Create your own:</p> <ul style="list-style-type: none"> • Vision Statement • SMART goals • Recovery Workbook • Support Networks • Awareness Grid • Crisis Plan
---	--

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 3-5!

Where would you like to train?

<input type="checkbox"/> Boston	<input type="checkbox"/> Western Massachusetts
<input type="checkbox"/> South Shore	<input type="checkbox"/> Central Massachusetts

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

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

If **yes**, Local Affiliate: _____

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

Peer to Peer Application

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? (You may be required to attend a Peer-to-Peer class before being accepted into a training _____)

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

Do you feel you have accepted your mental health issues?

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

Peer to Peer Application

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

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

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 ___ *

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: _____

Peer to Peer Application

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? _____

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.

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)

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

YOU WILL BE CONTACTED FOR AN INTERVIEW PRIOR TO TRAINING