



## NAMI FAMILY-TO-FAMILY VOLUNTEER TEACHER APPLICATION

The two-day teacher training will be held on Saturday February 6, and Sunday, February 7, 2016 at the Desert Banner Hospital, Rosati Medical Building, 1400 S. Dobson, Rooms Aspen A and B, Mesa, 85202. All materials and Breakfast and Lunch (for both days) will be provided at no cost to participants. Participants are responsible for their own travel and lodging expenses if applicable.

### DEADLINE for training application is Friday, January 29, 2016.

To be considered for this NAMI training, please complete the following forms and submit to:

NAMI Valley of the Sun  
5025 E. Washington Street, Suite 112, Attn: Debbie Martinez  
Phoenix, AZ 85034  
or e-mail to [namimaricopaedu@gmail.com](mailto:namimaricopaedu@gmail.com)

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email \_\_\_\_\_

NAMI Family-to-Family teachers assist in NAMI’s mission of support, education and advocacy by providing family members and friends of adults living with mental illness with information, communication and problem solving skills as well as peer-networking to better support and advocate for their loved one. NAMI Valley of the Sun strongly believes in peer support and we seek candidates who have lived experience of being a caregiver to draw from in supporting and guiding this education course.

### Responsibilities/Duties of a NAMI Volunteer Family-to-Family Teacher:

- Teach the twelve session course twice in the two years following your certification training. Volunteers are welcomed and encouraged to stay involved if so desired beyond the two-course requirement.
- Maintain the confidentiality of course participants.
- Work in coordination with the local NAMI affiliate offering the course.
- Maintain current NAMI membership while teaching.

Time commitment: While preparing for and teaching a course, anticipate devoting 3 hours weekly for a 3-month period to the success of the course.

(Continue on next page)

## Desired Abilities, Skills and Experiences:

- Be a family member/personal caregiver of a person with a mental health condition.
- Be at a point in your loved one's illness to have the time to commit to a volunteer role and bring attention and compassion to the course and its participants.
- Be at a point in your loved one's illness to be able to speak openly and honestly about your experiences.
- Be supportive of NAMI's components and definition of Recovery.
- Be a team player as you fulfill this role in coordination with your local NAMI Affiliate and co-teacher.
- Be willing to adhere to the fidelity of the NAMI Family-to-Family teaching model.
- Be comfortable with reading aloud and speaking to an audience.

## Benefits of Volunteering:

Volunteers are provided teacher training and supplies at no cost.

Volunteers have the opportunity to give hope and direction to families struggling to understand and support their loved one's living with mental illness

Volunteers have the opportunity to engage with peers for personal growth and support.

### Please complete the following:

I am a family member of an individual with serious mental illness. YES  NO

I have completed the Family-to-Family course? YES  NO

If yes, please provide date and location of class. \_\_\_\_\_

I am a member of NAMI. YES  NO  NAMI Affiliate name: \_\_\_\_\_

If you are not a member, are you willing to join NAMI? YES  NO

(Please complete NAMI Membership Application which will be provided at training to join)

I am able to attend the 2-day Teacher Training. YES  NO

Upon completion of workshop training, I understand that I am required to teach two (2) Family-to-Family sessions as required by NAMI. YES  NO



# Valley of the Sun

## Additional Questions

Briefly indicate your reasons for applying for the Family-to-Family Teacher Training.

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What personal attributes can you identify that would make you a good Family-to-Family teacher? Include personal and/or professional experience with serious mental illness.

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## TRAINEE EMERGENCY CONTACT FORM

Your Name:

Emergency Information for TWO contacts.

1. Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. Emergency Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Allergies/Diet Considerations? \_\_\_\_\_

Any other emergency information you'd like noted (people in your care, medical conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN WITH YOUR APPLICATION AND SUBMIT TO:**

NAMI Valley of the Sun, Attn: Debbie Martinez  
5025 E. Washington Street, Phoenix, AZ 85034  
Phone: 602-759-8177      email: namimaricopaedu@gmail.com