

NAMI OHIO ENDING THE SILENCE PRESENTER TRAINING

First Priority will be given to new affiliates and those that have not had people trained in the last 18 months.

Presenter Requirements

By completing this application, you are acknowledging that you understand and agree to the following requirements.

To be a successful NAMI ETS presenter, you need to be willing to share your story in front of an audience; to be reliable and keep all presentation appointments; and to work with your NAMI affiliate and state office to report your good work.

Who qualifies for this training? You, if you meet these guidelines:

- You are a young adult age 18-35 living with a mental illness in recovery (ideally, you are familiar with NAMI programs); **OR**
- You are an adult who is either a family member or an individual living with a mental illness yourself (ideally, you are familiar with NAMI programs).
- Must commit to arriving on time and completing the ETS training session. Your NAMI affiliate may be billed for costs incurred by last-minute cancellations.
- Willingness to adhere to ETS program policies and give the presentation as prescribed by NAMI National's approved curriculum.
- **Commitment to giving 3 presentations within the current school year.**
- **Commitment to giving 6 presentations over the next 18 months.**
- Commitment to communicate with NAMI Ohio state office as requested.
- Commitment to provide group participant data to NAMI Ohio as requested.
- Willingness to identify potential new presenters from your affiliate.
- Willingness to encourage audience members to become NAMI members.
- Positive regard for, or personal experience with, mutual support.

Please check box to indicate that you have read and understand the above requirements.

Printed Name

Signature & Date

Please copy this form as needed

ENDING THE SILENCE PRESENTER TRAINING

NAMI OHIO, 1225 Dublin Road, Suite 125, Columbus, Ohio 43215

8 a.m. - 6 p.m., Saturday, September 2, 2017

Applications due Wednesday, August 23, 2017

I would like to share my story as a:

- Young adult in recovery from mental illness
 Adult who has a loved one living with a mental illness,
or who lives with a mental illness myself

AFFILIATES: You **MUST** send a team of at least two people to this training. Each ETS presentation must include one young adult and one adult presenter.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Email: _____

Sponsoring Affiliate: _____

Emergency Contact Name & Phone: _____

Thank you for getting involved with ETS. Please let us know your needs.

Do you require a wheelchair accessible training space? Yes No

Do you have any other special needs? Yes No

If yes, please explain: _____

Dietary needs (vegan, vegetarian, allergy, kosher, diabetic, etc.):

Please mail, fax or e-mail completed registration information to:
NAMI Franklin County • 1225 Dublin Rd., Suite 110 • Columbus, OH 43215
Phone (614) 530-4554 • Fax (614) 501-6267
Email: laurita@namifc.org