



Class size is limited – Be sure to get your registration in early!

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

Best time to call _____

In order to participate in IOOV, you must be a member of NAMI. Are you currently a member of NAMI?

- ☐ Yes
☐ No

Affiliate name: _____

Do you believe mental illnesses are physical illnesses of the brain?

- ☐ Yes
☐ No

Define what recovery means to you:

What was the turning point for your recovery? _____

Why do you want to be an In Our Own Voice Presenter? _____

Have you ever spoken publicly before?

- ☐ Yes If so, describe: _____
☐ No

How do you feel about medication as a part of treatment? _____

Have you ever been convicted of a felony (optional)?

☐ Yes ☐ No

Would you be willing to present to any of the following groups?

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Police departments | <input type="checkbox"/> Colleges |
| <input type="checkbox"/> Churches/Faith communities | <input type="checkbox"/> Nursing homes |
| <input type="checkbox"/> Schools (grade school, junior high, high school) | <input type="checkbox"/> Support groups |
| | <input type="checkbox"/> Hospitals/Health Care Providers |

Participant selection will be made by this written process and a personal interview. What time of day works best to schedule your interview?

- ☐ Day # to use _____
- ☐ Evening # to use _____

Do you have your own transportation? yes__ no__ Public Transportation? yes__ no__

What language(s) do you speak fluently? _____

What is your current diagnosis? _____

Program Coordination- All affiliates participating in this program must have an IOOV Coordinator.

Who is the Coordinator for your affiliate's In Our Own Voice program?

Name _____ Phone number: _____

Applicant's Signature _____

Coordinator's Signature _____

Affiliate Presidents: Please attach a letter of recommendation for the individual applying to be a NAMI In Our Own Voice Presenter. If your affiliate is unable to provide the registration fee please submit a detailed explanation.

- **Registration fee of \$150 MUST accompany this application. If the applicant is not accepted for this particular training, your check will be mailed back to you. By endorsing the above applicant, your affiliate will be held responsible for any charges (hotel and meal costs) accrued by NAMI Illinois if the applicant does not show up or cancels less than two weeks prior to this**

training. Hotel accommodations and travel will be the responsibility of the affiliate and/or the individual attending the training.

Affiliate President's Signature _____ Date: _____

Applicant's Signature _____

Application Checklist:

- ☐ Application
- ☐ Letter of recommendation from affiliate president
- ☐ Training fees \$150.00

Total enclosed \$ _____

PLEASE RETURN APPLICATION PROMPTLY WITH ALL FEES TO:

NAMI Illinois
218 West Lawrence
Springfield, Illinois 62704