

**Teacher Training Application****Date of Training Applying for:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_ 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 you for the Family-to-Family teacher training.)

Are you a current member of NAMI? Yes \_\_\_\_\_ No \_\_\_\_\_ (NAMI membership is required)

Name of Affiliate: \_\_\_\_\_

Please check all that apply:

Family Member \_\_\_\_\_

Professional/Social Worker \_\_\_\_\_

Person with a Mental Illness \_\_\_\_\_

Other \_\_\_\_\_

What is your relationship to the person with mental illness? \_\_\_\_\_

Please provide a brief history.

Have you attended a Family-to-Family 12-week education course? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a graduate of any other NAMI education programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list which ones: \_\_\_\_\_

Have you ever been convicted of a felony? (optional) Yes \_\_\_\_\_ No \_\_\_\_\_

Please tell us why you want to be a NAMI Family-to-Family teacher.

**Job Requirements:**

- ✓ Willingness to undergo training and adhere to fidelity of program model is required
- ✓ Commitment to teach a minimum of two 12-week Family-to-Family Courses
- ✓ Ability to report course data as required
- ✓ Willingness to identify potential new teachers from education courses
- ✓ Willingness to promote NAMI membership to course participants
- ✓ Member of NAMI

☐ I have read and understand the NAMI Family-to-Family job requirements.  
\_\_\_\_\_ (initial)

☐ I understand that my attendance at the NAMI Family-to-Family teacher training does not guarantee that I will be certified as a NAMI Family-to-Family teacher.  
\_\_\_\_\_ (initial)

☐ If I am selected to attend, I acknowledge that I am making a commitment to participate in the entire NAMI Illinois Family-to-Family teacher training, and that if I am certified as a teacher, I will teach two 12-week Family-to-Family education courses.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

**Affiliate Presidents:** Please attach a letter of recommendation for the individual applying to be a NAMI Family-to-Family Teacher. 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 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 \_\_\_\_\_ Date \_\_\_\_\_

**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