

NAMI Family-to-Family Education Program – Teacher Application

Name _____ Date _____

Home Address _____

City _____ State _____ Zip Code _____

County _____ Sponsoring NAMI Affiliate _____

Phone (____) _____ Cell (____) _____

Email _____

Emergency contact (name and phone) _____

Prospective teachers must be family members (parents, siblings, adult children, spouses or partners) of individuals who are living with mental illness. Each NAMI Family-to-Family Teacher trainee MUST meet all of the following criteria:

Be a family member of individuals who are living with mental illness.

Be an active member of NAMI.

1. Of which NAMI affiliate are you a member? _____

Membership expiration date: _____

(NOTE: Anyone who requests to be trained to lead one of our programs must be a current member, and to continue to lead or teach, they must keep their membership current.)

2. Have you ever taken any other NAMI educational courses (NAMI Family-to-Family, NAMI Basics, NAMI Family-to-Family, etc.)? Yes No

If yes, give teacher's name, location of class and date.

3. Are you a trained instructor/presenter for any of NAMI's signature education programs?

Yes No

If yes, which programs?

NAMI Family-to-Family NAMI Basics Other _____

4. Are you a member or facilitator of a support group? Yes No

If yes, what type of group and where does your group meet?

If yes, is it a NAMI Support Group? Yes No

5. Have you been convicted of a felony? Yes _____ No _____

If yes, please provide explanation: _____

Please describe:

1. Your experiences as a family member of an individual living with a mental illness.

2. Why you would like to become a NAMI Family-to-Family Teacher?

3. Please provide an example of how you have and will demonstrate the following NAMI Signature Program Leader Code of Conduct requirement: Remain accountable for your own behavior and keep personal opinions and actions separate from those made as a representative of NAMI. Understand that your actions and behaviors reflect on the integrity of NAMI signature programs and impact the public perception of NAMI as an organization.

4. A letter of recommendation must accompany your application before it is considered completed. Your reference should be someone who knows you well enough to recommend that you be trained to become a Teacher, such as your Affiliate Leadership, Mental Health Services Provider, and/or Employer. However, we prefer your recommendation come from your affiliate leadership. In the absence of a recommendation from your local affiliate leadership, we will contact them for approval.

Referral name: _____

Referral phone: _____

Referral email: _____

I agree to:

- Obtain approval from the State Program Director at least 6 weeks in advance with class location/dates/co-teacher details so that the class can be advertised on the NAMI National and NAMI Georgia web sites. *NOTE: Co-teacher must also be certified to teach NAMI Family-to-Family.* NAMI State Program Director will determine if this class meets the requirements stipulated by NAMI Georgia.
_____ (initial)
- Teach first class as soon as possible after my training (No more than 4 months after training).
_____ (initial)
- Recertify every two years. (NAMI Teachers/facilitators serve under the auspices of their affiliate, and must be approved each year by the affiliate board, with notice sent to NAMI GA of the approval).
_____ (initial)
- Submit end of class data to NAMI National via the extranet and provide hard copy of end of class materials to State Program Director within a week of the last day of class.
_____ (initial)
- I have read and understand the NAMI Family-to-Family Teacher requirements.
_____ (initial)

- I understand that this application and my attendance at Family-to-Family Training does not guarantee that I will be certified as a NAMI Family-to-Family Teacher.
_____ (initial)
- If selected to attend - Attending the NAMI Family-to-Family Training, and receiving certification as a Teacher, I acknowledge that I am making a commitment to teach at least two Family-to-Family classes within a two year period.
_____ (initial)

I, _____, have read, understand and agree to abide by the terms and conditions outlined in the NAMI Signature Program code of conduct and the NAMI Signature Program Operating Policies 2019.

I fully understand that violating any of the conditions outlined in either the NAMI Signature Program Code of Conduct or the NAMI Signature Program Operating Policies 2019 may result in the termination of my role as a NAMI Signature Program Educator, Facilitator, Mentor, Presenter, Trainer or any other role designated as a leadership role in any of NAMI's Signature Programs. I agree to follow proper protocol, policies, procedures and the NAMI Georgia chain of command and will conduct myself in a professional manner, representing NAMI Georgia in the most positive light at all times.

Signed _____ Date _____ NAMI Georgia Program and/or Executive Director _____ Date _____

Printed Name

Please send or e-mail completed application, letter of recommendation and signed code of conduct to:

NAMI Georgia Program Director
 programs@namiga.org
 NAMI Georgia
 4120 Presidential Pkwy Ste 200, Atlanta, GA 30340
 Namiga.org

Email confirmation will be sent when applications are received. Confirmation of approval/denial will also be sent via email.