

**In Our Own Voice Presenter Application Form**  
(Please fill out both sides)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_  
 NAMI Affiliate/County: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Race (please check): Caucasian \_\_, African American \_\_, Latino \_\_, Native American \_\_, Asian \_\_,  
 Other: \_\_\_\_\_  
 Military Status (please check): Active \_\_ Vet \_\_  
 Best time to call \_\_\_\_\_

Availability to present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have the support of your local NAMI Affiliate President? \_\_yes \_\_no  
 Affiliate President Contact information: \_\_\_\_\_

Do you have your own transportation? yes\_\_ no\_\_ Public Transportation? yes\_\_no\_\_

Are you willing to travel?\_\_ Overnight (If applicable)\_\_\_

What language(s) do you speak fluently? \_\_\_\_\_

What is your current diagnosis? \_\_\_\_\_

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

What does recovery mean to you?

What are your views on treatment (traditional and/or nontraditional)?

I have knowledge and experience in the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Medication Issues    | <input type="checkbox"/> Insurance/Benefits |
| <input type="checkbox"/> Inpatient Care   | <input type="checkbox"/> Client Rights        | <input type="checkbox"/> Crisis Services    |
| <input type="checkbox"/> Housing          | <input type="checkbox"/> Gay & Lesbian Rights | <input type="checkbox"/> Success Stories    |
| <input type="checkbox"/> Employment       | <input type="checkbox"/> Access               | <input type="checkbox"/> Other: _____       |

Additional Comments:

Are you already a NAMI member? yes \_\_\_ no \_\_\_

If no, are you willing to become a NAMI member (consumer membership \$3)? yes \_\_\_ no \_\_\_

**I understand that my attendance at the In Our Own Voice Presenter Training does not guarantee that I will be certified as a NAMI In Our Own Voice Presenter. I acknowledge that if I receive presenter certification, I am making a commitment to present at least 10 times in the first year of being trained.**

\_\_\_\_\_  
Signature of Presenter Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiliate President

\_\_\_\_\_  
Date

**Please Return To:**  
**Jennifer Rothman, Program Director**  
**NAMI NC**  
**309 W. Millbrook Rd.**  
**Suite 121, Raleigh NC 27609**  
**919-788-0801**  
[jrothman@naminc.org](mailto:jrothman@naminc.org)