

Thank you for your interest in becoming a Peer to Peer Mentor! The P2P course provides hope and guidance to many people living with mental illness. We appreciate your desire to be a leader for the program.

Date: _____

Name: _____

Address: _____

City/state/zip: _____

Email: _____

Phone (s): _____ DOB: _____

Race (please check): Caucasian__-, African American__-, Latino__-, Native American__-, Asian__-, Other:_____

Military Status (please check): Active__ Vet__

Affiliate/County: _____

Do you have support of your local affiliate President? ___yes ___no

Affiliate President Name: _____

Please share your availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Why do you want to be a Peer-to-Peer Mentor?

Do you have your own transportation? Yes___ No___ Public Transportation? Yes___ No___

Are you a member of NAMI? Yes___ No___

If no, are you willing to join? (Consumer membership \$3) Yes___ No___

Information needed should you be selected to attend training:

Do you have any special dietary or physical accommodations we should be aware of? Please specify:

I understand that my attendance at the Peer to Peer Mentor Training does not guarantee that I will be certified as a NAMI Peer to Peer Mentor. I acknowledge that if I receive mentor certification, I am making a commitment to teach at least 2 10 week classes in the first year of being trained.

Signature of Mentor 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

919-788-0906 (fax)

jrothman@naminc.org