

**NAMI Basics Education Program
Teacher Application
Teacher Training
MAY 17-19, 2019
Helena, MT 59601
Delta Marriott Hotel
(old Radisson Colonial Inn)**

Name _____ Date _____

Home Address _____

Phone Home _____ Work _____ Email _____

1. Have you ever taken the NAMI Basics Course?

Yes No

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

If no, have you ever taken any other NAMI educational courses (Family to Family, Peer to Peer)?

Yes No

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

2. Are you a member of NAMI MT? Yes No

If yes, list the affiliate you are associated with: _____

If no, you will be required to join NAMI, you can join at the training: individual \$40.00, Open Door \$5.00

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

If yes, where does your group meet?

4. Are you a parent or other direct caregiver of an individual who developed symptoms of mental illness before the age of 13?

Yes No

5. What is the age of that individual now? _____ years

6. Has he/she been given a diagnosis? Yes No

If yes, what is the most current diagnosis? _____

7. How long has he/she exhibited symptoms of mental illness? _____ years

8. Does/did your child attend public school? Yes No

If no, what type of educational program is/was your child involved in?

9. Has your child graduated from High School? Yes No If so, when? _____

Please describe in 5-10 sentences

1. Why you would like to become a NAMI Basics Teacher?

2. Your experiences with a child or adolescent with mental illnesses.

Send Application by MAY 10, 2019 to:
NAMI-MT, Education Director
PO Box 1021
Helena, MT 59602
406-443-7871
colleen@namimt.org

