



## State Trainer Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ / \_\_\_\_\_ Cell \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_

I speak language(s) other than English: Y  N

Language \_\_\_\_\_ Fluently? Y  N

All of these programs are available in Spanish as de Familia a Familia, Bases y Fundamentos de NAMI, Persona a Persona, Conexión and Grupo de Apoyo Para Familiares de NAMI

***Please answer these questions for training as a NAMI State Trainer:***

**FAMILY PROGRAMS QUESTIONS:**

My ill relative is my (must be a first degree relative – spouse, sister, etc.) and his/her diagnosis is: \_\_\_\_\_

Does this relative live nearby or with you? \_\_\_\_\_

Is his/her condition generally stable right now? \_\_\_\_\_

Comments: \_\_\_\_\_

**PEER PROGRAMS QUESTION:**

I am a person with the lived experience of mental illness Y  N

Comments: \_\_\_\_\_

**NAMI membership is required.** I am a member of \_\_\_\_\_ affiliate.

**F2F/Basics/Peer:** I have taught \_\_\_\_\_ Family to Family and/or \_\_\_\_\_ Basics classes  
or \_\_\_\_\_ Peer classes

**Family Support Group and Connection:**

I have been leading support group meetings for \_\_\_\_\_ (length of time)

I use the Agenda, Principles, Guidelines, Stages of Emotional Response charts (4 Structures) and the 3 Group Processes (Group Wisdom, Hot Potatoes, Problem Solving) at my support group meetings. Y  N



The following **three** questions pertain to **BASICS** only:

- Are you a parent or other direct caregiver of an individual who developed symptoms of mental illness **before** the age of 13? Y  N
- What is the age of that individual now? \_\_\_\_\_ years.
- Approximate age of onset \_\_\_\_\_

Has he/she been given a diagnosis? Y  N

- If yes \_\_\_\_\_.

All trainings occur from September to November, January to June. Are there times in the year that you would **not be available** to train? Please elaborate:

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We will be conducting a brief interview with you. Please let us know which days and times are most convenient for you.

Days \_\_\_\_\_ Times \_\_\_\_\_

**REFERENCES:**

Who recommended you for this training? \_\_\_\_\_

Contact Info \_\_\_\_\_ NAMI Involvement \_\_\_\_\_  
(Family-to-Family teacher or Peer Mentor, Support Group Facilitator, Board Member etc.)

Second reference \_\_\_\_\_ Contact info \_\_\_\_\_

NAMI Involvement \_\_\_\_\_



## AGREEMENT

- *I agree to notify my affiliate immediately if I must cancel*
- *I agree to serve as a State Trainer for two workshops.*
- *I agree to teach/lead these programs according to the established NAMI policies.*

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please know that attendance at a NAMI State Trainer workshop does not guarantee certification as a NAMI California State Trainer. Certification is the decision of the national trainers.

**Please Mail, Fax or Email to:**  
**Lynn Cathy, State Family and Peer Programs Supervisor**  
**1851 Heritage Ln. Ste. 150**  
**Office: 916-567-0163 x101**  
**Fax: 916-567-1757**  
**Email: Lynn@namica.org**