



# Kansas

## Sign-Up Sheet for Peer Support and Education Programs Leaders

**All educational courses and training classes are provided at no expense to participants.**

### **Family-to-Family Education Program**

*A 12-week course for family members and friends of adults living with mental illnesses.*

I would like to be **trained to teach** Family-to-Family classes in my community.

### **NAMI Basics**

*A 6-week education course for family members and care givers of children with a mental illness.*

I would like to be **trained to teach** NAMI Basics classes in my community.

### **NAMI Homefront**

*A 6-week education course for family members, caregivers and friends of military service members and vets with mental health conditions.*

I would like to be **trained to teach** NAMI Homefront classes in my community.

### **Peer-to-Peer Recovery Education Course**

*A 10-week course for adults living with mental illnesses.*

I would like to be **trained as a mentor** to teach Peer-to-Peer classes in my community.

### **In Our Own Voice: Living With Mental Illness**

*A structured one-hour public presentation given by persons living with mental illnesses to local churches, schools, and other civic and social agencies and organizations.*

I would like to be **trained to give** In Our Own Voice presentations in my community.

### **Ending the Silence**

*A 50-minute program designed for high school audiences, professionals and family members giving audiences the opportunity to learn about mental illness through short videos & personal testimony to help themselves, friends and family members.*

I would like more information about **NAMI Ending the Silence**.

### **Peer Support Group Training**

*NAMI Kansas provides training to enable mental health consumers and family members to lead peer support groups in local communities throughout the state.*

I would like to be **trained to lead a NAMI Connection** group in my community.

I would like to be **trained to lead a Family Support Group** in my community.

**PLEASE NOTE:** All potential NAMI program leaders are screened to determine whether the opportunity is a good fit for them, the NAMI State Organization and their local NAMI Affiliate. Application does not guarantee a training invitation. Acceptance to training does not guarantee certification.

**PLEASE COMPLETE YOUR CONTACT INFORMATION ON THE REVERSE SIDE AND RETURN TO NAMI KANAS.**

**For purposes of assessing eligibility to take or teach certain classes, NAMI Kansas needs the following information:**

**I am a:**

**(please check all that apply)**

Adult living with mental illness    Young adult under age 25 living with mental illness

Family member of a person living with mental illness

Parent/primary caregiver of a child who exhibited symptoms of mental illness prior to age 13

Educator    Service Provider of mental health services

person who has served in the military    spouse of a person who has served in the military    Other:

**Are you a current NAMI member?**    Yes    No

*\*All program leaders are required to be members in good standing*

**Do you have access to transportation?**    Yes    No    Public transportation only

**My NAMI affiliate contact that supports my plan to be a program leader is:**

**Name** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Applicant Name:**

**Address:**

**Phone:**

**E-mail address:**

**Local Affiliate:**

**NAMI Kansas**  
PO Box 675  
Topeka, KS 66601  
(785) 233-4804 FAX  
[info@namikansas.org](mailto:info@namikansas.org)