



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
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