**Family/Peer Support Specialist (FSS) Training Interest Form**

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| **Name:** |  |
| **Mailing Address:**  **Phone:** |  |
|  |
| **Email:** |  |
| **NAMI Affiliate:** |  |

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| What is your age? |  |
| What is your gender? |  |
| Please specify your cultural and/or ethnic background. |  |
| Do you identify with any of the following communities: LGBTQ, Previous Foster Care Youth, or Veteran? (Please specify) |  |
| Do have lived mental health experience (self) or are you a family member/friend? If both, please specify “both” in the column to the right. |  |
| Do you have access to the internet and a telephone to participate in the web-based trainings? |  |

Do you have experience and/or knowledge working in the Public Mental Health System? (Please Specify)

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