



## Teacher Application

Date of training: \_\_\_\_\_ Training Location: \_\_\_\_\_

### **Contact Information:**

Name Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### **Please answer these questions for training as a NAMI F2F Teacher:**

1) My ill relative is my (must be a first degree relative – spouse, sister, etc.): \_\_\_\_\_

2) He/she has been ill for (length of time): \_\_\_\_\_ and the diagnosis is:  
\_\_\_\_\_

3) Does this relative live nearby?  Yes  No **OR with you?**  Yes  No

4) Has your relative recently experienced a mental health crisis?  Yes  No

5) What NAMI affiliate are you a member of? (required) \_\_\_\_\_

6) For how long? \_\_\_\_\_

7) Have you done other volunteer work for NAMI? (Please describe below)  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

8) Have you taken the Family-to-Family course?  Yes  No If no, please explain why:  
\_\_\_\_\_

This training begins at 9:30 a.m. Friday and ends at 1:00 p.m. Sunday.

9) Will you be able to attend the entire training.  Yes  No

10) Will you be available to teach a F2F course within the next 6 months.  Yes  No

11) Who recommended you for this training? (Full Name) \_\_\_\_\_

12) What is his/her involvement with NAMI? (Executive Director/F2F Teacher/FSG Facilitator, etc.)  
\_\_\_\_\_

13) What is his/her email and other phone number? required  
\_\_\_\_\_

14) Education Program classes require reading the curriculum aloud. Do you consider yourself a good reader?

Yes  No If No, Please Explain: \_\_\_\_\_

15) To be a successful NAMI teacher, you need to respond to others in a non-judgmental way, be a good listener with an empathetic ear, and you need to be willing to talk about your experience as a family member of someone who has a mental illness. With this in mind, please briefly explain why you want to become a NAMI instructor: \_\_\_\_\_

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**TEACHER AGREEMENT**

- ***I agree to be at each session of the workshop on time.*** Please understand that if you are excessively late to sessions or leave more than 30 minutes early on Sunday you may jeopardize your participation in the workshop and a teacher certificate may not be issued to you.
- ***I understand that participation in this training does not guarantee that I will become a certified NAMI teacher.*** Trainees must demonstrate the qualifications needed to become a good NAMI teacher by the end of the training. The first day of training provides an opportunity for trainees to assess their basic qualifications for being a teacher. Any concerns should be brought to the trainers' attention. Attendance at a training does not guarantee teacher certification.
- ***I agree to behave in a professional manner.*** To be described as not engaging in illegal drug use, or to be sexually or romantically intimate with participants at the training unless I am have been in a committed relationship with that person prior to the training. This description also includes not behaving in a way that is disrespectful, violent or aggressive.
- ***I agree to notify the NAMI CA Program Coordinator at (916) 567-0163 if I must cancel.*** Prompt notification of a cancellation enables us to invite another participant if one is available. NAMI CA must still pay for lodging and catering arrangements on cancellations made within a 3 days of a training, so it is important for you to notify us as soon as possible.
- ***I agree to teach (2) 12-week sessions of Family-to-Family within two years.*** Note: unexpected situations may occur in which flexibility in this policy will be needed.
- ***I agree to teach Family-to-Family according to the established NAMI Operating Policies.***

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Signature of Applicant

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Print Name

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Date

**Emergency Information:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone numbers (2 preferred): \_\_\_\_\_

Do you have a cell phone number we can reach you at that weekend? \_\_\_\_\_

**16)** Do you have any dietary considerations or food allergies?  Yes  No

If yes, please specify: \_\_\_\_\_

*NOTE: NAMI CA may not be able to accommodate all dietary requests. Options can be discussed upon acceptance into the training.*

**17)** Do you need any special accommodations that we should be aware of?  Yes  No

If **yes**, please specify:

**Carpooling:**

**18)** I give my permission to NAMI CA to disclose my email and/or phone number to parties interested in carpooling.  Yes  No *(Requests to be made no later than 2 weeks before a training.)*

**Commuting:**

**19)** If I live within 30 minutes of the training site, I intend to drive to and from home each day.  Yes  No

**20)** If you intend to commute each day, will you be staying for the dinner meals?  Yes  No

**Lodging:** Lodging is free if you are willing to share a guest room with another trainee (m/m or f/f).

**21) Private Room Request:** If I am accepted into the training I will be requesting a private room  
 Yes  No

*NOTE: There is an additional cost for a private room. The confirmation letter will provide additional details.*

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

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

\_\_\_\_\_  
Date

Thank you for your application.

**YOU WILL BE NOTIFIED BY EMAIL IF YOU HAVE BEEN SELECTED TO ATTEND.**

NOTE: The deadline for all applications is two weeks before a training is scheduled; however please remit as soon as possible as trainings fill quickly. Thank you!

**Please Mail, Fax\* or Email to:**  
**Serena Durand, Programs Coordinator**  
**1851 Heritage Ln. Ste. 150, Sacramento, CA 95815**  
**Office: (916) 567-0163**  
**Fax: (916) 567-1757**  
**Email: serena@namica.org**

\*Please follow up **faxed** applications with a phone call or email to confirm receipt.



**COMMUTERS:** We are requesting people who live within 30 minutes of the training site to commute. Minutes are based on MapQuest estimations. **Important: Please let us know if you plan to do so.**

### **About the Family-to-Family Program:**

Family-to-Family (F2F) and its Spanish counterpart, de Familia a Familia (FaF) is a free NAMI education program that reaches out to family members by providing needed information about the major mental illnesses. The curriculum is written in lay terms and is taught by family members who teach from lived experience. By the end of the Family-to-Family course participants have a greater understanding of mental illness and possess strategies for living with someone who suffers from a serious mental illness. Participants will worry less, and feel empowered to advocate for better treatment and services for their family members.

### **Family-to-Family Teacher Job Description - NAMI National Requirements**

#### **A teacher must be:**

- A first degree family member of a person with mental illness or in a direct caregiving role.
- A current member of a NAMI Affiliate. Membership is renewed on an annual basis.
- **It is highly desirable that prospective F2F teachers attend the 12-week F2F course prior to being scheduled to participate in the 3-day teacher training.** This guideline does not apply to persons who reside in areas where no 12-week classes are available.
- F2F teachers are not paid. This is a peer training course to be taught by volunteer family members. Reimbursement for mileage etc. is at their local affiliate's discretion. You may be allowed to claim the mileage on your income tax as a volunteer – see your tax consultant for the current rules regarding tax deductions.
- The course is designed for two teachers who co-teach during the 12 week session.
- Co-teaching the class.
- Report the class data on NAMI National's website or provide data to the local affiliate for them to report. Mail teacher evaluations to the State Family Programs Coordinator. (Arrangements can be made for those without internet access.)
- Updating your mentor manual. Updates are downloaded from the NAMI National website by your affiliate's education coordinator.
- Find a location to hold a class, advertise, register the participants, prepare materials to be handed out, collect class supplies – markers, charts, etc. **Note:** If your affiliate has a coordinator they will handle these responsibilities. However, if your affiliate doesn't then you may be expected to handle these duties as well.