



## In Our Own Voice Presenter Application Form

Training to be held June 9-10, 2012 in Richmond, VA  
 Training runs two full days 8:30am – 5pm  
 Deadline to apply is 5/28/12

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Best time to call \_\_\_\_\_

*\*This training is made possible by a grant from the Department of Behavioral Health and Developmental Services\**

Availability to present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own transportation? Yes\_\_ No\_\_    Public Transportation? Yes\_\_ No\_\_

Are you willing to travel?\_\_ Overnight (If applicable)\_\_\_

Are you comfortable speaking in front of a group? \_\_\_\_

Are you already a NAMI member? Yes \_\_ No \_\_\_\_

If no, are you willing to become a NAMI member? Yes \_\_\_\_ No \_\_\_\_

Do you commit to doing consistent presentations for NAMI in your community for the next 2 years?  
 Yes\_\_ No\_\_

What language(s) do you speak fluently? \_\_\_\_\_

What is your current diagnosis? \_\_\_\_\_

Why do you want to be an In Our Own Voice Presenter?

What does recovery mean to you?

What are your views on treatment (traditional and/or nontraditional)?

Additional Comments:

If selected to attend the training:

Do you have any food allergies we need to be aware of? Yes\_\_\_ No\_\_\_

If yes what \_\_\_\_\_

Do you have any other considerations we should be aware of in planning your accommodations?

\*Please note: all attendees will have a roommate.

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Please return completed applications to Sarah Eisenman, NAMI Virginia Program Coordinator at PO Box 8260 Richmond, VA 23226 or fax to 804-285-8464. For questions please call 804-28508264 x203 or email [seisenman@namivirginia.org](mailto:seisenman@namivirginia.org)