

## NAMI OHIO ENDING THE SILENCE PRESENTER TRAINING

*First Priority will be given to new affiliates and those that have not had people trained in the last 18 months.*

### Presenter Requirements

**By completing this application, you are acknowledging that you understand and agree to the following requirements.**

To be a successful NAMI ETS presenter, you need to be willing to share your story in front of an audience; to be reliable and keep all presentation appointments; and to work with your NAMI affiliate and state office to report your good work.

### Who qualifies for this training? You, if you meet these guidelines:

- You are a young adult age 18-35 living with a mental illness in recovery (ideally, you are familiar with NAMI programs); **OR**
- You are an adult who is either a family member or an individual living with a mental illness yourself (ideally, you are familiar with NAMI programs).
- Must commit to arriving on time and completing the ETS training session. Your NAMI affiliate may be billed for costs incurred by last-minute cancellations.
- Willingness to adhere to ETS program policies and give the presentation as prescribed by NAMI National's approved curriculum.
- **Commitment to giving presentations at 5 sites within the current school year.**
- **Commitment to giving presentations at 10 sites over the next 18 months.**
- Commitment to communicate with NAMI Ohio state office as requested.
- Commitment to provide group participant data to NAMI Ohio as requested.
- Willingness to identify potential new presenters from your affiliate.
- Willingness to encourage audience members to become NAMI members.
- Positive regard for, or personal experience with, mutual support.

Please check box to indicate that you have read and understand the above requirements.

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Printed Name

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Signature & Date

*Please copy this form as needed*

## **ENDING THE SILENCE PRESENTER TRAINING**

NAMI Franklin County, 1225 Dublin Road, Suite 110, Columbus, Ohio 43215  
8 a.m. - 6 p.m., Saturday, December 16, 2017

### **Applications due Wednesday, December 13, 2017**

I would like to share my story as a:

- Young adult in recovery from mental illness  
 Adult who has a loved one living with a mental illness,  
or who lives with a mental illness myself

**AFFILIATES:** You **MUST** send a team of at least two people to this training. Each ETS presentation must include one young adult and one adult presenter.

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

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

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

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Sponsoring Affiliate: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

### **Thank you for getting involved with ETS. Please let us know your needs.**

Do you require a wheelchair accessible training space?  Yes  No

Do you have any other special needs?  Yes  No

If yes, please explain: \_\_\_\_\_

Dietary needs (vegan, vegetarian, allergy, kosher, diabetic, etc.):  
\_\_\_\_\_

**Please mail, fax or e-mail completed registration information to:**  
**NAMI Franklin County • 1225 Dublin Rd., Suite 110 • Columbus, OH 43215**  
**Phone (614) 530-4554 • Fax (614) 501-6267**  
**Email: [laurita@namifc.org](mailto:laurita@namifc.org)**