



Instructor Application

First: _____ Middle: _____ Last: _____

Address _____

City _____ State _____ Zip Code _____

County _____ Birthdate: _____

Phone: (____) _____ Best time to call: _____

Email _____

Special Dietary Needs (vegetarian, allergy, kosher, diabetic, etc.): _____

Emergency contact (name and phone) _____

NAMI Homefront is taught by and for family members/caregivers of military service members and Veterans dealing with mental health conditions. NAMI Homefront teachers **MUST** have a personal/family connection to the military or a Veteran **AND** they must be family members of someone with symptoms of a mental health condition. NAMI Homefront teachers must be willing to share their perspectives as family member/caregivers. Each NAMI Homefront Teacher trainee **MUST** meet one or more of the following criteria:

- Have a relative who is a Service Member or Veteran with symptoms of a mental illness/mental health condition (includes PTSD & TBI).
- Be a Service Member or Veteran **AND** have a relative with a mental health condition (the relative with a mental illness need not be a Service Member or Veteran but the NAMI Homefront teacher **MUST** have a personal connection to the military).
- Have a relative who is a Service Member or Veteran **AND** have a relative with a mental health condition (the relative with a mental illness need not be a Service Member or Veteran but all NAMI Homefront teachers **MUST** have a personal connection to the military).

1. Are you a member of a NAMI affiliate? Yes _____ No

If no, I understand I have to become one to instruct _____ (initial)

2. Have you ever taken any other NAMI educational courses (NAMI Family-to-Family, NAMI Basics, NAMI Peer-to-Peer, etc.)? Yes No

3. Are you a trained instructor/presenter for any of NAMI's signature education programs?

Yes No

If yes, which programs?

NAMI Family-to-Family NAMI Basics Other _____

4. Are you a member or facilitator of a support group? Yes No

If yes, what type of group and where does your group meet?

If yes, is it a NAMI Support Group? Yes No

5. Are you a family member or caregiver of an individual with symptoms of a mental health condition?

Yes No

If yes, what is your relationship to that person?

Spouse/Partner/Significant Other Parent Grandparent Sibling

Aunt/Uncle Other (please specify) _____

6. How long has he/she exhibited symptoms of mental illness? _____ years

7. Has he/she been given a diagnosis? Yes No

If yes, what is/are the most current diagnosis? _____

8. What is the age of that individual now? _____ years

9. Does/did the person with symptoms of a mental health condition serve in the military?

Yes No

If yes, what branch of the military? Army Navy Marines Air Force Coast Guard
 National Guard Reserves

Is the person a Veteran? Yes No

10. Did you serve in the military?

Yes No

If yes, what branch of the military? Army Navy Marines Air Force Coast Guard
 National Guard Reserves

Please describe in 5-10 sentences:

1. Your experiences as a family member/caregiver to a person with symptoms of a mental health condition.

2. Why you would like to become a NAMI Homefront Instructor?

Please supply the names and phone numbers of two references:

~ I agree to commit to teaching at least 2 programs within 2 years of getting trained. I understand that filling out this application does not guarantee a spot in a training.

Signature: _____ Date: _____

Please send completed application to:

**C.A.S.I
NAMI Greater Mississippi Valley
1035 W. Kimberly Rd.
Davenport, IA. 52806**

Or email to: education@namigmv.org

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