



## Family-to-Family Instructor Application

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

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

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

Phone (cell) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Home: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Can we leave a message: \_\_\_\_\_ Email: \_\_\_\_\_

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Relative (relationship): \_\_\_\_\_ Age of Relative: \_\_\_\_\_

Diagnosis \_\_\_\_\_

Sponsoring Affiliate or Region:

\_\_\_\_\_

I want to take the training because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would be a good instructor because of my skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would be a good instructor because of my experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a current NAMI member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you participated in any NAMI classes before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any accommodations we should be aware of:

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Please supply the name and phone number of two references (that are not affiliated with NAMI if possible):

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I agree to teach at least two Family to Family classes in my county of residence in the two years following completion of my training to teach the NAMI Family to Family program.

All Family to Family instructors must become members of NAMI before beginning to teach the Family to Family Education Program.

I understand that application does not a guarantee of a spot in a training.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. Feb. 2018



**Please send one copy of this application to your local affiliate.**

**NAMI Greater Mississippi Valley**

**Education Coordinator**

**1035 W. Kimberly Rd.**

**Davenport Iowa 52806**

Email: [education@namigmv.org](mailto:education@namigmv.org)