

Teacher Application
Georgia Training
School of Nursing
Mercer University
3001 Mercer University Drive
Atlanta, GA 30341
August 22 – 24, 2008

Name _____

Address _____

City/State/Zip _____

Phone (H) _____ Cell _____ (W) _____

Email _____ Fax _____

Best time to call _____

Reference (Name and email or phone) _____

(Please note: Your reference should be someone who knows you well enough to recommend that you be trained to become a Teacher.)

Are you a member of NAMI? Yes _____ No _____

If **no**, are you willing to join? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If **yes**, please explain:

Please tell us why you want to be a NAMI Family-to-Family Teacher:

Job Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Family-to-Family model
- ✓ Adhere to fidelity to the NAMI Family-to-Family model is required
- ✓ Commitment to conduct 2 Family-to-Family classes within a period of two years
- ✓ Ability to provide group participant data as required
- ✓ Willingness to identify potential new teachers from their Family-to-Family classes
- ✓ Positive regard for, or personal experience with Family-to-Family classes
- ✓ Be or become a member of NAMI
- ✓ Coordinate Classes with Affiliate or local Support Group leadership
- ✓ Encourage class attendees to join NAMI and participate in Affiliate or local Support Groups.

Availability to co-teach a NAMI Family-to-Family class (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? Yes___ No_____

If yes, how far: ___ 5-10 miles ___ 11-20 miles ___ More than 20 miles

What language(s) other than English do you speak fluently?

Information needed should you be selected to attend training:

1. Do you have any dietary restrictions or food allergies? If so please specify.

2. Do you need any special accommodations that we should be aware of? If so please specify.

3. Will you be requiring overnight accommodations for Thursday night?

Yes_____ No_____

4. Do you have transportation? Yes___ No___*

* If yes, would you be willing to transport other participants? Yes___ No_____

5. Agreements

- I have read and understand the NAMI Family-to-Family Teacher job requirements.
_____ (initial)
- I understand that if there are more applicants than training slots, I may be placed on a Waiting List for the Training. If I am, I will keep the Training Weekend open in the event a training slot opens up for me.
_____ (initial)
- I understand that my attendance at Family-to-Family Training does not guarantee that I will be certified as a NAMI Family-to-Family Teacher.
_____ (initial)
- If selected to attend - Attending the NAMI Family-to-Family Training, and receiving certification as a Teacher, I acknowledge that I am making a commitment to teach at least two Family-to-Family classes within a two year period.
_____ (initial)

(Date)

(Signature)

PLEASE FILL OUT AND RETURN BY AUGUST 1, 2008 TO:

**Jean Dervan
NAMI Georgia
3050 Presidential Drive Suite 202
Atlanta, GA 30340
Fax- 770-234-0237
NAMI-GA@nami.org**