

Instructor Application

Georgia Training

Mercer University
School of Nursing
3200 Flowers Rd
Atlanta, GA 30341

September 12, 2009

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 Instructor)

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 Parents and Teachers as Allies Instructor:

Job Requirements:

- ✓ Willingness to undergo training and to adhere to fidelity to the NAMI Parents and Teachers as Allies model
- ✓ Adhere to fidelity to the NAMI Parents and Teachers as Allies model is required
- ✓ Commitment to conduct 10 Parents and Teachers as Allies 2 hr In Service Modules within a period of two years
- ✓ Ability to provide group participant data as required
- ✓ Willingness to identify potential new
- ✓ Positive regard for, or personal experience with Parents and Teachers as Allies classes
- ✓ Be or become a member of NAMI
- ✓ Coordinate Modules with Affiliate or local Support Group leadership
- ✓ Encourage class attendees to join NAMI and participate in Affiliate or local Support Groups.

Availability to Instruct a NAMI Parents and Teachers as Allies Module (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 Parents and Teachers as Allies Instructor 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 Parents and Teachers as Allies Training does not guarantee that I will be certified as a NAMI Parents and Teachers as Allies Instructor.**
_____ (initial)
- If selected to attend - Attending the NAMI Parents and Teachers as Allies Training, and receiving certification as a Instructor, I acknowledge that I am making a commitment to teach at least two Parents and Teachers as Allies 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**