

Teacher Application and Agreement

NAMI Family-to-Family (F2F) is a free, 12-session educational program for family, significant others and friends of people living with mental illness. It is a designated evidenced-based program according to the U.S. Substance Abuse and Mental Health Services Administration.

Who can be a F2F Teacher? Prospective teachers must be a first-degree relative of an individual living with mental illness or have lived in a household for 1+ years with a loved one who has a mental illness. Successful teachers are good listeners with an empathetic ear. Must be at least 18 years old.

What will I learn from the training? Participants will learn to teach the life-changing F2F class and to lead class discussions.

How long is the training? F2F Training is held over three days, typically starting at 9 a.m. Friday and ending Sunday afternoon. To become a certified NAMI F2F Teacher you must attend the entire training.

What is required of me after I take the training? By taking this Teacher training you are committing to the following:

- To adhere to NAMI policies and teach the class as prescribed
- To begin teaching Family-to-Family within 6 months of training
- To teach two or more F2F classes over the next 2 years
- To provide your affiliate with specific attendance data required by NAMI state and national.

Logistical information: NAMI NC covers the cost of materials, manuals, and lunches during the training for all participants. For participants that are not local to the training area, double occupancy hotel rooms will also be provided. If you require single occupancy NAMI NC needs to know in advance, and there will be an additional cost. NAMI NC does not cover the cost of mileage to get to the training site/hotel, nor does it cover the cost of any hotel incidentals (i.e. room service, room upgrades, movies ordered, etc.). Training dates and locations are listed on the NAMI NC website at <https://naminc.org/programs/classes/programtrainingcalendar/>

For additional questions, please call 919-788-0801 or e-mail programs@naminc.org

The F2F Teacher Training is very rewarding - and a lot of work! The schedule runs:

9:30 a.m. - 8 p.m. Friday

8 a.m. - 6:30 p.m. Saturday

8 a.m. - 1 p.m. Sunday

Teacher Application and Agreement

Date _____

Name _____

Street Address: _____

City _____ County _____ State _____ Zip _____

Phone: Home: _____ Mobile: _____ Work: _____

E-Mail _____

Military Status (please check): Active Vet Other _____

What language(s) do you speak fluently? _____

Your Local NAMI Affiliate _____ President Name _____

Do you have the support of your local affiliate President? _____

Are you a member of NAMI? Yes No

If not, are you willing to join before the training begins? Yes No

Are you a family member or loved one of someone living with a mental illness? Yes No

Your relationship to that person (Mother, daughter, brother etc.): _____

What is your relative's diagnosis? _____

Please tell us why you want to be a F2F Teacher :

Should you be selected to participate in training, do you have any special dietary or physical accommodations that we should be aware of? If so, please specify:

This training begins on Friday morning. Those who live more than 30 miles away are provided lodging and are welcome to arrive on Thursday evening. Please complete the following information:

NAMI NC will try to accommodate roommate requests (check one):

I would like to room with: _____

I need a roommate.

My gender is: _____

I would like a single room and understand that I, the attendee, will be responsible for the additional cost associated with the single room and will be billed by NAMI NC.

Comments: _____

Do you have a co-teacher in mind? Yes No If yes, who? _____

Do you know where you want to teach? Yes No If yes, where? _____

F2F TEACHER REQUIREMENTS

- Must be a NAMI Member with a first-degree relative (includes family of choice) of an individual living with mental illness or have lived in a household for one or more years with a loved one who has a mental illness.
- Willing to adhere to NAMI policies and to teach F2F according to the approved curriculum, which includes having a co-teacher for each class.
- Committed to teaching F2F within 6 months of training.
- Committed to teaching 2 classes over a 2-year period.
- Willing to communicate with NAMI NC state office as requested.
- Willing and able to provide group participant data/reporting to NAMI NC as required.
- Willing to identify potential new teachers from your classes.
- Keep NAMI membership up to date and encourage participants to become NAMI members.
- Coordinate classes with local affiliate leaders.
- Must have positive regard for, or personal experience with, mutual support.

AGREEMENTS:

It is important that you understand the requirements of the position and have a commitment to this role. Please review the following and indicate your agreement by initialing and signing where indicated.

1. I have read and understand the F2F Teacher requirements above. _____(initial)
2. I understand that if there are more applicants than training slots, I may be placed on a waiting list for the training. _____(initial)
3. I understand that my attendance at the F2F Teacher training does not guarantee that I will be certified as a F2F Teacher. _____(initial)
4. If I am certified as a F2F Teacher, I acknowledge that I am making a commitment to teach the class at least 2 times in two years. _____(initial)
5. Unless notified otherwise, my application will remain on file for future trainings for a period of one year. After that time the applicant must re-apply to be considered. _____(initial)

I, _____, have agree to abide by the terms and conditions outlined in the NAMI Signature Program code of conduct and the NAMI Signature Program Operating Policies. This material will be reviewed during your training.

I fully understand that violating any of the conditions outlined in either the NAMI Signature Program Code of Conduct or the NAMI Signature Program Operating Policies may result in the termination of my role as a NAMI Signature Program Educator, Teacher, Mentor, Presenter, Trainer, or any other role designated as a leadership role in any of NAMI's Signature Programs. I agree to conduct myself in a compassionate and professional manner, because as a program leader I will be representing NAMI NC and my local affiliate.

Signature of Applicant

Date: _____

AFFILIATE APPROVAL: (From local affiliate president – REQUIRED!)

_____(President Initial) I acknowledge that this individual will be paired with another program leader to conduct F2F in adherence to the NAMI model.

By signing my approval I agree that this person meets the requirements to attend this training and has the qualities to be a successful NAMI program leader. Additionally, our affiliate will work with this person to initiate or continue this program during the next year.

Signature of Local Affiliate President or Executive Director

Date: _____

Completed form should be returned to:

USPS
NAMI North Carolina-Programs
309 W. Millbrook Road, Suite 121
Raleigh NC, 27609

EMAIL
programs@naminc.org

FAX
919-788-0906