



Application and Agreement

NAMI In Our Own Voice (IOOV) In Our Own Voice is a unique community presentation that offers insight into the hope and recovery possible for people living with mental illness. Trained individuals living with mental illness share what it is like to live with mental illness, while conveying the importance of treatment and recovery.

Who can be a IOOV Presenter? Prospective presenters are adults in recovery with mental illness.

What will I learn from the training? There are two components to the training. An on-line course and a day of in-person training. IOOV online training is to be completed first and it focuses on preparing your draft presentation script. The one-day in-person training will focus on skill development. Each trainee will learn to do the following: prepare your story, develop your story, and practice your talk for use at In Our Own Voice presentations in your community. Two presenters speak at each engagement, at community organizations, health centers, churches, etc..

How long is the training? The online portion could take 6-8 hours to complete. IOOV in-person training is held for a full day, typically on a weekend, from 9am to 6pm on either Saturday or Sunday. To become a certified NAMI IOOV Presenter you must complete both the on-line training and attend the entire day of the in-person training.

What is required of me after I take the training? In addition to adhering to the NAMI IOOV model, by taking this presenter training you are committing to present several times over the course of one year in coordination with your local NAMI affiliate. You will be required to provide your affiliate with specific attendance data for reporting to National and State NAMI Education Data tracking. (It is understood that unexpected life situations may necessitate flexibility and compassion in this policy).

Logistical information: NAMI NC covers the cost of materials, manuals, and lunch during the training for all participants. For participants who are not local to the training area, double occupancy hotel rooms will also be provided. If you require single occupancy, arrangements will need to be made prior to the training by the attendee and there will be additional costs which will be the responsibility of the attendee. 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



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 NAMI Local 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? Yes No

Please tell us why you want to be an In Our Own Voice (IOOV) Presenter:

Do you have your own transportation? Yes No

If No, do you have access to public transportation? Yes No

Are you willing to travel? _____ If yes, how far? _____

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: _____

IOOV Presenter Requirements:

- ✓ Willingness to undergo training and abide by the NAMI In Our Own Voice Model
- ✓ I understand myself to be a PEER, A Person of Experience, Engaged in Recovery
- ✓ Commitment to perform regular IOOV presentations for a minimum two years
- ✓ Ability to provide group participant data/reporting as required
- ✓ Coordinate IOOV presentations with Affiliate or local support group leadership.
- ✓ Secure and work with co-presenter
- ✓ Willingness to identify potential new program leader candidates
- ✓ Reasonable comfort with public speaking
- ✓ Maintain a membership with NAMI
- ✓ 18 years of age or older

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 will complete the online training by the deadline established which will be at least one week prior to the in-person training. _____(initial)
2. I understand that the IOOV Presentations are not intended to recommend or endorse specific medications or therapies, but instead to empower, encourage, and support others. _____(initial)
3. Make an IOOV presentation as soon as possible after my training (no more than 4 months after training). _____(initial)
4. Submit presentation data to National via the extranet and provide hard copy of end of presentation materials to State Program Director within 14 days of your IOOV Presentations. _____(initial)
5. I have read and understand the IOOV Presenter requirements. _____(initial)
6. I understand that if there are more applicants than training slots, I may be placed on a waiting list for the Training. _____(initial)
7. I understand that my attendance at the IOOV Presenter training does not guaranteed that I will be certified as an IOOV Presenter. _____(initial)
8. I will maintain my NAMI membership while in this role and regularly encourage my group participants to be NAMI members so that my local affiliate and NAMI NC can continue to offer support and education to members of my community. _____(initial)
9. I will work to identify potential program leader candidates who participant in my groups, so that my local affiliate will be able to educate more members in my community. _____(initial)

10. If I am selected to attend the IOOV Presenter training and receive certification as an IOOV Presenter, I acknowledge that I am making a commitment to make at least 8 IOOV presentations within a two year period. _____(initial)
11. Unless the applicant is notified or requests otherwise, this application will remain on file for future trainings for a period of one year. After that timeframe the applicant must reapply to be considered. _____(initial)

I, _____, have read, understand and agree to abide by the terms and conditions outlined in the NAMI Signature Program code of conduct and the NAMI Signature Program Operating Policies 2016.

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, Facilitator, Mentor, Presenter, Trainer, or any other role designated as a leadership role in any of NAMI's Signature Programs. I agree to follow proper protocol, policies, and procedures and will conduct myself in a professional manner, representing NAMI NC and my local affiliate in the most positive light at all times.

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 the program 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

Date: _____

Completed form should be returned to

NAMI North Carolina-Programs
309 W. Millbrook Road
Suite 121
Raleigh NC, 27609
programs@naminc.org

For any questions please send an e-mail to programs@naminc.org or call 919.788.0801