



National Alliance on Mental Illness

NAMI | Kansas

NAMI Kansas **In Our Own Voice (IOOV)** Presenter TRAINING

First Priority will be given to new affiliates and those that have not trained anyone in the last 18 months.

IOOV Presenter Requirements

By completing this application, you are acknowledging that you understand and agree to the following requirements.

To be a successful **IOOV Presenter**, you need to respond to others in a non-judgmental way. You need to be a good listener with an empathetic ear and be willing to talk about your experience living with a mental illness.

Who qualifies for this training? NAMI members who meet these guidelines:

- Prospective leaders must be adults in recovery with a mental health condition.
- Must commit to completing the online portion of the training prior to arriving at the training.
- Must commit to arriving to the training on time and to completing the full day of the training. The training will begin on Saturday at 9:00 A.M. and end by 5:00 P.M. on Saturday. Your NAMI affiliate may be billed for costs incurred by last-minute cancellations.
- Must agree to adhere to **IOOV** program policies and to teach the class as prescribed by NAMI National and the approved curriculum.
- **Must commit to begin presenting IOOV presentations within 6 months of training.**
- **Must commit to present two or more IOOV presentations over the next 2 years.**
- Must commit to have **IOOV** participants complete and submit the Greenbush Evaluation at the conclusion of the **IOOV** presentation.
- Must commit to communicate with NAMI Kansas state office as requested.
- Must commit to provide participant data to NAMI Kansas and NAMI National as required.
- Must be willing to identify potential new leaders from your presentations.
- Must be willing to encourage participants to become NAMI members.
- Must convey positive regard for, or personal experience with, mutual support.
- **Must be recommended by your home NAMI affiliate.**

Materials, lunch, snacks, and beverages will be provided during the one-day training. *In some instances, depending on geographical issues and/or self-care*, a hotel room may be provided for one night (Friday night or Saturday night) with an expectation of double occupancy per room. An additional night may be requested, but payment for an additional night is your (or your affiliate's) responsibility. Mileage reimbursement requests may be submitted at the rate of \$0.36 per mile. All trainings are held in non-smoking facilities.

Applications are accepted until the training is full. Register early to get a seat.

Please check box to indicate that you have read and understand the above requirements.

Printed Name: _____ Signature: _____

Venue/Location of Training:

- **Online/Virtual: GoToWebinar or Zoom; the registration link will be provided following approval of application**
- **In Person: NAMI Kansas Office, 1801 SW Wanamaker, Topeka, KS 66604, 2nd floor**

Tentative Training Day/Time Commitment for Training:

- **Online: Saturday 8:30 AM – 5:00 PM**
- **In Person: Saturday 8:30 AM – 5:00 PM**

Please check the Training Venue and accompanying subcategories

Virtual Training

I have a computer (desktop/laptop) and access to internet and the following tools:

Microphone or can use phone for audio

Speakers

Webcam

I have a quiet location with little to no interruptions while I participate in the training

I have headphones to help reduce background noise

In Person Training

Note: To receive a Hotel room for Saturday night provided by NAMI Kansas at no cost to me, I agree to share a room with another trainee.

I will share a room with _____

I will work with the Program Coordinator to identify a suitable roommate

I do not want to share a room and either I or my affiliate will reimbursement NAMI Kansas for 50% of the cost of the hotel room

I need two nights of lodging and my affiliate or I will cover the costs of the second night of lodging.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Email: _____

Are handicap accommodations needed? _____

Any dietary restrictions (in person only)? _____

Anything else we should be aware of? _____

Are you willing to have a background check if required by your NAMI Affiliate? Yes ____ No ____

We appreciate your willingness to become an IOOV Presenter! This class has helped many people who are struggling with the impact of mental illness.

→ I understand that attending the training does not mean automatic certification. I must successfully complete each part of the training and be recommended for certification by the trainers.

→ **Your signature acknowledging the above:** _____

Please complete the next page describing your interest and qualifications to be an IOOV Presenter.

The following must be completed and submitted with your application for this training.

Please provide brief answers to the following questions:

1. Why do you want to become an IOOV Presenter? _____

2. Have you ever attended an IOOV presentation? When and from what affiliate? _____

3. If not, why? _____

4. Please list any other information that you think might be helpful to the trainers as they prepare for the training: _____

Submit your completed application to your local affiliate president for review and approval.

Sponsoring Affiliate: _____ / _____
NAMI of Affiliate / Print Name of Affiliate President

Affiliate President/Leader Signature/Date: _____ / _____

Once the local affiliate has approved, the local affiliate and/or candidate can mail, fax or e-mail this completed form to:

Program Coordinator • NAMI Kansas • 1801 SW Wanamaker Rd, G-6, Box 14, Topeka, Kansas 66604
• Fax (785) 233-4804 • Email: programs@namikansas.org

For NAMI Kansas State Office Use Only:

Affiliate will check the National Sex Offender website at: <https://www.nsopw.gov/>

Sex Offender Registry Check Completed on: _____

Results: _____

NAMI Account Created: _____

NAMI Membership Established: _____