*Please email your completed form to Cheri Bishop at* *cheri@namicolorado.org* *or mail it to: NAMI Colorado, 3333 S. Bannock St., Ste 430, Englewood, CO 80110*

*For questions, please contact Cheri at 303-518-1289 or* *cheri@namicolorado.org*

**Training Dates:** October 22-23, 2022

**Training Location:** Online

Family-To-Family Teacher Application

|  |
| --- |
| Name:  |
| Address:  |
| City: Zip |
| Home Phone: Work Phone: Cell Phone: |
| Fax: E-mail: |
| Which member(s) of your family has/have a diagnosed mental illness? Age?  Spouse Son Daughter Mother Father Brother Sister Self  |
| What is the diagnosis? Schizophrenia Manic-Depression (Bipolar disorder) Major Depression Schizo-affective disorder Borderline Personality Disorder OCD Panic disorder Anxiety disorders Other  |
| All Family-to-Family teachers are required to be members of NAMI. Joining NAMI provides membership in National NAMI, NAMI Colorado and a local affiliate (if available). If you are not currently a member of NAMI, please join as a condition of acceptance into the teacher training program. You can join on NAMI Colorado’s website at [www.namicolorado.org](http://www.namicolorado.org). Call the NAMI Colorado office if you have any questions regarding our membership program. Note: Family-to-Family teachers are required to be a family member or caregiver of an adult individual with a mental health condition. Lastly, you MUST attend all sessions of the online training in order to receive your teaching certificate. If you miss any portion of the training, you will not receive a certificate of completion. |
| Have you taken the Family-to-Family class? Where? When?  |
| Please read the following statement and sign below to indicate acceptance: I agree to support the policies of NAMI national; NAMI Colorado; and, my local NAMI affiliate (if one exists). I agree also to teach 2 Family-to-Family classes within 2 years and to comply with the terms of the contract between NAMI Colorado and NAMI for the Family to Family copyrighted program as related to the reproduction of certain materials.Signed by: Date:  |
| Please provide the names and telephone numbers of 2 emergency contacts.Name: Phone:Name: Phone: |

**My Experience with Mental Illness:**

**\*\*\**Please write a paragraph or two telling us about your experience with mental illness and why you would like to be a Family-to-Family teacher. Email or mail this completed registration using the contact information shown at the top of this form***