**Training Dates:** November 5 and 6, 2022

**Training Location:** TBA



**2022 Peer-to-Peer Leader Application**

Thank you for your interest in becoming a Peer to Peer Leader! The P2P course provides hope and guidance to many people living with mental illness.

Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/state/zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your own transportation? Yes\_\_\_ No\_\_\_ Public Transportation? Yes\_\_\_ No\_\_\_

Are you a member of NAMI? Yes \_\_\_ No \_\_\_ Affiliate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, are you willing to join? (Open Door memberships are $5) Yes \_\_\_ No \_\_\_

I acknowledge that if I receive a Leader certification, I will be committing to facilitating two 8-week Peer to Peer courses within a two-year period.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

Please provide the names and telephone numbers of 2 emergency contacts.

Name: Phone:

Name: Phone:

*Please email your completed form to* [*SarahBanta@namicos.org*](mailto:SarahBanta@namicos.org)

*Questions? Contact Sarah at SarahBanta@namicos.org*

How long have you been in your recovery?

Please tell us why you want to be a NAMI Peer-to-Peer Leader (You can use the back of this page):