



IN OUR OWN VOICE 2018 Training Application

Training Location: KIRKLAND, WA

One Day Training Schedule

APPLICATION DEADLINE

Friday, April 13, 2018

Saturday April 28, 2018

9am-5 pm

Online Portion to Completed by: April 19, 2018

What is the In Our Own Voice (IOOV) program?

In our own voice is a unique public education presentation that offers insight into the hope and recovery possible for people living with mental illness. Trained individuals living with mental illness lead a brief, yet comprehensive and interactive presentation about mental illness.

What will you learn at the In Our Own Voice (IOOV) program?

The IOOV online training is focused on preparing your draft presentation script and the one-day in-person training will focus on skill development. The online portion could take 6-8 hours to complete. 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, schools, churches, etc.

What are In Our Own Voice presentations like?

A 15-minute NAMI DVD is used to introduce the four sections of your speech: Introduction, What Happened, What Helps, What's Next. This program has been a major stigma-buster, helping to educate the general public about mental illness, recovery, and NAMI's mission of education, support, and advocacy.

To make this program successful, we strongly recommend that your affiliate have an In Our Own Voice coordinator. This person will help arrange the different speaking engagements. Travel expenses for presenters are covered by the affiliate.

Criteria for taking the IOOV Presenter Training

Presenters must be:

- A PEER, a Person of Experience, Engaged in Recovery
- A current member of a NAMI Affiliate
- Willing to complete the online training by **Thursday, April 19, 2018**
- Willing to stay for the entire 1-day intensive training
- Must be at least 18 years of age

Registration Information

NAMI Washington will pay for meals, snacks, lodging and all training materials. Your NAMI affiliate is asked to cover your travel and other expenses that you may incur to attend this training. Lodging is at the Comfort Inn and is **double occupancy**. If you require single occupancy, arrangements will need to be made prior to attendance by the attendee and there will be additional costs which will be the responsibility of the attendee. Attending the training is by **pre-registration only**, and class size is limited. If there are more applications than spots for the class a waiting list will be created. In order to reserve a space a \$50 refundable registration deposit **from your affiliate** is required at the time of registration. **If you need to cancel after being accepted, notify Dorina Hyseni at the state office 206-783-4288 or dorina@namiwa.org no later than April 23, 2018** so we can fill your spot, or your affiliate will lose its \$50 registration deposit. Cancelled spots are filled with applications from the waiting list for the class, not by sending another affiliate member.

NAMI WASHINGTON, 1107 NE 45th St. Suite 230, Seattle, WA 98105

Phone: 206-783-4288 dorina@namiwa.org

2018 IOOV Application Page 1 Updated 12.11.2017



APPLICATION FOR IOOV TRAINING: April 28, 2018

Online Portion to Completed by: April 19, 2018

Application Due by: April 13, 2018

Applications received after 5:00 pm on the due date will be put on a wait list

Applicant Name: _____ Preferred Pronouns: _____

NAMI Affiliate: _____

Today's Date: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Primary Phone Number: _____ Best time to call: _____

Alternate Phone Number: _____ Best time to call: _____

E-mail: _____

Best way to reach you: Phone Email Remember, the interview must be completed by Phone.

Emergency Contact Name: _____

➤ Area Code/Phone: _____

Do you have any accessibility needs, dietary restrictions, or other issues which need accommodation during training?

Will you be bringing a service animal? Yes No

IOOV training begins Saturday morning. Those who are further than 1 hour away are provided lodging and will want to consider arriving Friday evening (don't forget I-5 traffic snarls!). Please complete the following information:

- I live within 1 hour driving distance of the training site and will not need accommodations
- I will need housing for the following nights: Friday
 - If yes, what is your gender (identity or expression)? _____

NAMI-WA will try to accommodate Roommate requests (check one):

- Please assign room
- I would like a room with _____
- I would like a single room and understand I will be responsible for the additional amount and will be billed by NAMI Washington 3 weeks after the training is complete.

1. Are you a NAMI member? Yes No Do you have a nami.org login/password? Yes No

2. How did you hear about this training class? _____

3. Have you ever been convicted of a crime against another person including but not limited to: assault of any kind, harassment of any kind, or stalking?

Yes No **IF YES, PLEASE USE AN ADDITIONAL PIECE OF PAPER TO EXPLAIN THE ISSUE AND CURRENT STATUS IN DETAIL.**

4. Have you taken other NAMI classes or trainings?

Yes No

If yes, please list: _____

5. Are you currently certified to teach/lead any other NAMI Signature Programs?

Yes No **If yes, please list all Signature Programs you are certified to lead:** _____

Because different audiences require different presenters, we ask that you complete the following:

Education – last degree completed: _____

Work/volunteer experience: _____

When were you first diagnosed? _____ How old were you at that time? _____

What is your current diagnosis? _____

Have you been hospitalized? _____ If so, how recently? _____

Do you have public speaking experience? Yes No

On a scale of 1-10, with 1 being NOT AT ALL and 10 being VERY: How comfortable are you speaking in front of groups?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Do you have your own transportation? Yes No

We present to audiences of consumers, employee in-service trainings, family members, professionals, students, police, church groups, business groups, etc. Are there any groups to which you **do not want** to present?

Why do you want to be a NAMI IOOV Presenter? (please attach extra paper as needed):

Please share a personal statement about how you have stayed and maintain your recovery. (please attach extra paper as needed):

Please share your views about medicine and recovery. (please attach extra paper as needed):

Performance Agreement for IOOV Presenter Trainees
Please indicate your agreement to these requirements by checking each box below

- I am a current member of a NAMI affiliate – If not, you will be required to join NAMI by application deadline to attend the training.
- I am willing and able to complete this intensive one-day training and to abide by the NAMI program model.
- I understand myself to be a PEER, a **P**erson of **E**xperience, **E**ngaged in **R**ecovery.
- I respect other individuals who may have different views and experiences.
- I understand that the online training could take 6-8 hours to complete and is required before attending training.
- I will complete the online training by the end of the day, Thursday, April 19, 2018.**
- I will commit to arriving at the training on time, and to completing the entire day of this training (Sat 9am – 5pm.)
- I understand that if I do not stay for the entire training I will not receive a certificate of completion and would have to re-take the entire class in order to receive a certificate of completion.
- I understand that I could complete the entire weekend training, and that my skills will be evaluated by the Trainers, and they will decide if I have the skills to be an IOOV Presenter.**
- I understand that IOOV Presentations are not intended to recommend or endorse specific medications or therapies, but instead to empower, encourage, and support group members.
- I will stay in contact with my NAMI Affiliate and provide presentation data to NAMI Washington and NAMI National’s Education data reporting requirements.
- I agree to be a presenter for a In Our Own Voice for a minimum of two years to help meet the needs of my Affiliate.
- I will communicate promptly with the NAMI Washington state office, as requested or required, and will submit all forms and data to the state and national offices, as required by an In Our Own Voice Presenter.
- I will work to identify potential In Our Own Voice presenter-candidates who participate in my groups, so that my local affiliate will be able to educate more members in my community.

- I will regularly encourage my group participants to become NAMI members so that my local affiliate and NAMI Washington can continue to offer support and education to members of my community.

Note: Applicants will be contacted for a brief telephone interview prior to being accepted into the training.

Applicant Signature _____ Date _____

This final section must be completed by the affiliate executive director, president or vice president.

- This person is a current member of our affiliate. Membership Expiration Date _____
- This person meets the requirements to attend this training per the NAMI Washington Training & Education Program Guidelines for 2018, and has the qualities to be a successful IOOV presenter.
- Our affiliate will work with this person to initiate or continue this program during the next year.
- I have had a conversation with the applicant about their commitment and responsibilities to our affiliate.
- I have arranged transportation to the training for this applicant.
- A deposit of \$50.00, payable to NAMI Washington, for each applicant is enclosed. We understand that the deposit will be returned to our affiliate if this individual successfully completes the entire training.
- I understand that this training is on a first come, first serve basis after the completed application and deposit has been received in the NAMI WA office. Where necessary, priority will be given to areas with critical need.
- This affiliate has submitted all 2017 Education Data to the NAMI Data Collection Site
- This affiliate is up to date with submission of all 2018 Education Data to the NAMI Data Collection Site.
- I understand that no applicants from this affiliate will be trained if records are not current with the NAMI Data Collection Site.

NAME and TITLE of NAMI Affiliate Leader (printed): _____

Name of NAMI Affiliate: _____

Signature: _____ Date: _____

Email of Affiliate Leader: _____ Phone Number: _____

Keep a copy for your records and send this completed and signed application with your \$50 deposit. If your affiliate is sending more than one attendee, please send a separate \$50 check with each application. We will return all checks within 3 weeks of completion of the training, unless the applicant fails to attend the training without notification of cancellation by April 23, 2018.

Return Applications to: NAMI Washington 1107 NE 45th St., Suite 230, Seattle, WA 98105
Or submit via email to: dorina@namiwa.org