

*In Our Own Voice: Living with Mental Illness*

**Presenter Profile:**

**Note: Filling out this form is completely voluntary. The form will be used to track program demographics. Answers you give will in no way affect your involvement with IOOV.**

**Please answer the following questions about yourself.**

**Personal Background:**

**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Local NAMI organization:** \_\_\_\_\_

**Ethnic background:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Age at onset:** \_\_\_\_\_ **Last episode:** \_\_\_\_\_

**Educational Background:**

**Last grade/degree completed:** \_\_\_\_\_ **Field of study:** \_\_\_\_\_

**Work Experience:**

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