

In Our Own Voice Presenter Application Form
(Please fill out both sides)

Name _____
 Address _____ City: _____ State: AL
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email _____ Fax _____

Best time to call _____

Availability to present (please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own transportation? yes__ no__ Public Transportation? yes__no__

Are you willing to travel?__ Overnight (If applicable)___

What language(s) do you speak fluently? _____

What is your current diagnosis? _____

Why do you want to be an In Our Own Voice Presenter?

What does recovery mean to you?

(over)

What are your views on treatment (traditional and/or nontraditional)?

Additional Comments:

Are you already a NAMI member? yes ___ no ____

If no, are you willing to become a NAMI member? yes ____ no ____