

## 2020 NAMI Basics Education Program - Teacher Application

Fri., June 19 - Sun., June 21, 2020

Best Western Plus Capital Inn, Jefferson City

Name  Date

Address

Phone  Email

Have you ever taken the NAMI Basics Course? Yes  No

If yes, when and where?

Have you taken other NAMI educational courses or programming? Yes  No

If yes, when and where?

Are you a member of NAMI Missouri? Yes  No

Are you the parent or caregiver of an individual who developed symptoms of mental illness or behavioral health disorder before the age of 13? Yes  No

If yes, what is the age of that individual now?

Has he/she been given a diagnosis? Yes  No

If yes, what is the most current diagnosis?

How long has he/she exhibited symptoms of mental illness?

Please describe in several sentences your experience with a child or adolescent with mental illness or behavioral health disorder **and** why you would like to become a NAMI Basics Teacher:

Please send your application to [info@namimissouri.org](mailto:info@namimissouri.org) or mail to:  
NAMI Missouri, 3405 West Truman Blvd., #102, Jefferson City, MO 65109