



NAMI  
National Alliance on Mental Illness

# Missouri

## In Our Own Voice Presenter Training Application

Training will be held online using Zoom Video Conferencing on April 9-10, 2021

Name to print on certificate \_\_\_\_\_ Date \_\_\_\_\_

Address (to ship manual) \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you attended or completed any other NAMI courses or classes?  Yes  No

If yes, describe: \_\_\_\_\_

Have you attended an In Our Own Voice (IOOV) Presentation?  Yes  No

Are you able to attend the virtual In Our Own Voice (IOOV) presenter training?  Yes  No

Can you commit to giving at least 3 presentations per year?  Yes  No

Are you a member of NAMI?  Yes  No

Do you have access to a computer and Internet for the 2-day training  Yes  No

Are you willing to complete necessary reports/ paperwork?  Yes  No

**Please answer the following questions in 1-2 sentences.**

1. Describe why you would like to become an In Our Own Voice presenter.

2. Describe your experience as a peer with a mental health condition, mental illness or brain disorder, and what recovery means to you.

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## NAMI Connection Recovery Support Group Facilitator Application (continued)

3. Describe your work/ volunteer experience and/ or qualifications to become a presenter.

### Presenter Job Requirements

**Please review/ check all requirements:**

- Willing to participate in training to become an IOOV presenter.
- Commitment to delivering presentations.
- Ability to provide (de-identified) data as necessary to support grant requirements.
- Willing to submit required reporting documents.
- Positive regard for/ personal experience with recovery.

**Please initial all statements:**

\_\_\_\_\_ (initial) I have read and understand the In Our Own Voice (IOOV) presenter requirements listed above.

\_\_\_\_\_ (initial) I am or can become a NAMI member. (\$5 Open Door memberships are available.)

\_\_\_\_\_ (initial) I understand that my participation in the IOOV Presenter Training does not guarantee that I will be certified as a NAMI In Our Own Voice (IOOV) presenter.

\_\_\_\_\_ (initial) By participating in the NAMI In Our Own Voice (IOOV) presenter training and receiving certification as a presenter, I acknowledge my interest in delivering presentations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(digital or typed ok)

Please email, mail or fax the completed application to:  
Alice Kliethermes, Director of Consumer Services, NAMI Missouri  
3405 West Truman Blvd., Suite 102, Jefferson City, MO 65109  
Email [alice@namimissouri.org](mailto:alice@namimissouri.org) | Fax (573) 761-5636 | Call (573) 634-7727 ext. 203