

Thank you for your interest in becoming a Peer to Peer Mentor! The P2P course provides hope and guidance to many people living with mental illness. We appreciate your desire to be a leader for the program.

Date: _____

Name: _____

Address: _____

City/state/zip: _____

Email: _____

Phone (s): _____

Please share your availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Why do you want to be a Peer-to-Peer Mentor?

Do you have your own transportation? Yes___ No___ Public Transportation? Yes___ No___

Are you a member of NAMI? Yes ___ No ___ Affiliate Name: _____

If no, are you willing to join? (Consumer memberships are \$3) Yes ___ No ___

Information needed should you be selected to attend training:

Do you have any special dietary or physical accommodations we should be aware of? Please specify:

I understand that my attendance at the Peer to Peer Mentor Training does not guarantee that I will be certified as a NAMI Peer to Peer Mentors for the ten- week educational course. I acknowledge that if I receive mentor certification, I am making a commitment to facilitate and teach for one year or teach two ten-week classes.

Sign: _____