



National Alliance on Mental Illness

NAMI New York State

Becoming a Peer-to-Peer Mentor

Thank you for your interest in becoming a Peer-to-Peer mentor! Before agreeing to participate in this training event and teach Peer-to-Peer, please review the main responsibilities for Peer-to-Peer mentors:

- Willing and able to undergo an intensive three-day training.
- Agree to adhere to fidelity to the NAMI Peer-to-Peer model at all times.
- Make a commitment to teach at **least two** classes within one year of training.
- Agree to report class data.
- Willing to identify potential new course participants.
- Are a member of NAMI.
- Comfortable reading aloud to a group.
- Participates in an active treatment plan.
- Attitude of sincere, uncritical acceptance of students and co-mentors.

*It is also **crucial** that Peer-to-Peer mentors have an ongoing working relationship with their affiliate!*

Being a Peer-to-Peer mentor can be a fulfilling, powerful experience, but also comes with responsibilities. If you want to give back, help others, be part of a larger movement, and feel successful in your own recovery, we hope you'll be willing and eager to fulfill the role of Peer-to-Peer Mentor!

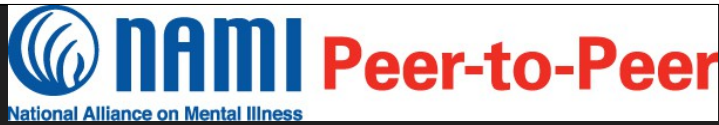
Please contact your local affiliate with any questions:

Tina Lee

Community Education and Outreach Manager

tina@naminys.org

(518)462-2000



Mentor Application

Name:

Phone:

Cell:

E-Mail:

Address:

City:

State:

Zip:

Your NAMI Affiliate:

NAMI Member #:

Membership Expiration Date:

Please answer the following questions to the degree to which you're comfortable.

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

How do you define recovery?

Are you willing to share your personal experiences as well as what you've learned?

Have you had experiences with making time commitments similar to this?

Please identify your availability to teach.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have your own transportation? YES / NO

Will you be able to commit to teaching Peer-to-Peer twice after within one year after you are trained? YES / NO

Will you be able to attend the entire training from June 15th-17th, 2018 in Albany NY? YES / NO

Single rooms may be available at a small expense to you. Would this interest you? YES / NO

Special Needs (i.e. dietary concerns, rooming needs, transportation, accessibility needs, etc.):

Thank You!

Please return this application to your local affiliate and
 Tina Lee, Community Education and Outreach Manager NAMI NYS
tina@naminys.org
 fax: (518)462-3811



National Alliance on Mental Illness

NAMI New York State

Trainee Emergency Contact Form

NAME:

Emergency Information for TWO Contacts Please!

(Only put the names of people you're comfortable with us potentially contacting!)

1. Name of Emergency Contact:

Relationship to You:

Telephone number:

2. Name of Emergency Contact:

Relationship to You:

Telephone number:

Do you have a cell phone number where we can reach you during the training?

Allergies/Diet Considerations?

Any other emergency information you'd like noted (people in your care, medical conditions etc.):

**Please return your application to your local affiliate and
Tina Lee, Community Education and Outreach Manager
tina@naminys.org**



National Alliance on Mental Illness

NAMI | New York State

Peer-to-Peer Mentor Agreement

I agree to be at each session of the training on time.

Please understand that if you are excessively late to sessions you may jeopardize your participation in the workshop and a teacher certificate may not be issued to you.

I understand that participation in this training does not guarantee that I will become a certified NAMI mentor.

Trainees must demonstrate the qualifications needed to become a good NAMI mentor by the end of the training. The first day of training provides an opportunity for trainees to assess their basic qualifications for being a mentor. Any concerns should be brought to the trainers' attention.

I agree to notify the NAMI NYS Community Education and Outreach Manager via e-mail or phone call if I must cancel 24 hours in advance.

There is often a waiting list and prompt notification of a cancellation enables us to invite another participant.

I agree to teach the Peer-to-Peer course at least two (2) times a year over the course of one (1) year.

It is understood that unexpected situations may occur in which flexibility in this policy will be needed. The expectation is to complete your commitment to teaching within a reasonable amount of time given the mentor's circumstances.

I agree to teach Peer-to-Peer according to the established NAMI Peer-to-Peer operating policies which will be reviewed at training.

Signature of Applicant

Print Name

Date

