



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

Name \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_