

In Our Own Voice Program

Application for Participation

Please complete this application and return it as soon as possible to:

NAMI-Massachusetts

Attn: Eliza T. Williamson

The Schrafft's Center

529 Main St. Suite 1M17

Boston, MA 02129

(617)580-8541

Email: EWilliamson@namimass.org

(Please use extra paper if you have more to say than the space provides)

NAME: _____ DATE: _____

ADDRESS _____ CITY _____ ZIP _____

PHONE: _____ EMAIL: _____

Gender: _____ Age _____

LOCAL NAMI Organization _____

Ethnic Background _____ (optional)

Diagnosis _____ (optional)

Have you ever seen an *In Our Own Voice* presentation? When? _____

Have you ever spoken in front of a group before?

How do you feel about discussing your recovery with strangers? Would you be willing to talk about your mental health condition, treatments, coping skills, and successes?

Are you available for training on a Saturday and/or Sunday? _____

Please list any successes or achievements in your life that you are proud of:

How do you maintain your recovery?

Why do you want to participate in this program?

Are you willing to commit to at least one presentation per month? _____

Do you have access to transportation? _____

What days/times are you available to present?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							