

NAMI Glendale Peer-to-Peer Application

Name _____ Contact phone _____

Address _____ City _____ Zip _____

Email _____ Date: _____

1. Why are you interested in taking the Peer-to-Peer course?

2. Will you agree to keep confidential the disclosures of the other participants? I agree

3. Will you agree to speak to others ONLY of your own personal experiences? I agree

4. 10 weeks is a long time for a class. Do you foresee any attendance problems?

4. 5. Any questions, comments you'd like the mentors to know?
