



Local Criminal Justice Family Advocate Application

Contact Information	
Name:	
Street Address:	
City/State/Zip:	
Home Phone:	
Work Phone:	
Organization/ NAMI-NYS Affiliate:	

Describe why you are interested in becoming a Criminal Justice Family Advocate?

Interests
What skills, education, or life experience do you have that you believe would help you serve effectively as an volunteer advocate? (Please complete and attaché the Skills and Strengths Self Assessment)

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Special Skills or Qualifications

In what ways do you think you would benefit personally from your training and service as a volunteer advocate?
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Based on your current understanding of the responsibilities of a Criminal justice Family Advocate, what do you think would be difficult or challenging aspects of this role for you?

Are you willing to take advantage of the continuing education offered by NAMI-NYS?

Present/Previous Experience with Families
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Have you had prior experiences providing supports to families?
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Present/Previous Experience with Advocacy
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Have you had prior experiences advocating for change?

Please provide a reference from your local NAMI affiliate:

1. Name/Address/Relationship/Phone Number

The information I have provided in this application is true and complete to the best of my knowledge. If selected, I agree to serve as a NAMI-NYS Criminal Justice Family Advocate and to function in accordance with the within the boundaries of NAMI-NYS Local Criminal Justice Family Advocate Agreement which I have signed and is attached to this application. I give permission for the NAMI-NYS to call my references.

Agreement and Signature

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.