



REGISTRATION FORM

Date-Time: _____

Information for this form is provided voluntarily. Host sites are required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of the program. We appreciate your cooperation in the completion of this form. Please type or print clearly.

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Cell Phone # _____ Work Phone # _____ Home Phone # _____

Date of training I will Attend _____ Host Site Name _____ Type of training Adult Youth

Are you a health professional? Yes or No
 If yes, list your health profession: _____ If no, list Profession: _____

Employer _____

If you answered "Yes" to "Are you a health professional" please answer the following 3 questions,
 Do you work in a medically underserved area?..... Yes No
 Do you work in a primary care setting?..... Yes No
 Do you work in a rural setting?..... Yes No

Gender Male Female

Race American Indian/ Alaskan Native Asian Black Hawaiian/ Pacific Islander White More than one race

Ethnicity Hispanic Non Hispanic

Military Service Active Duty Military Veteran Military Family Membe Veteran Family Member

1. How knowledgeable are you about mental health issues?
 Not at all Slightly Somewhat Moderately Extremely
 1____ 2____ 3____ 4____ 5____

2. How confident are you helping a person who is demonstrating signs or symptoms of a mental health issue?
 Not at all Slightly Somewhat Moderately Extremely
 1____ 2____ 3____ 4____ 5____

3. People with mental health issues are dangerous.
 Strongly Disagree Disagree Neutral Agree Strongly Agree
 1____ 2____ 3____ 4____ 5____

4. People with mental health issues should be avoided.
 Strongly Disagree Disagree Neutral Agree Strongly Agree
 1____ 2____ 3____ 4____ 5____

5. If I had a mental health issue I would not tell anyone.
 Strongly Disagree Disagree Neutral Agree Strongly Agree
 1____ 2____ 3____ 4____ 5____