

Guidelines

Tips for Success

The following list of guidelines is a non-exclusive set of standards expected of you and your peers. **MIND | Institute** created these guidelines in order to maximize an instructional environment that supports learning and skill development without interruption.

I Be punctual.

Class starts promptly at the designated hour. Please respect speakers, Nile Sisters Development Initiative staff, and peers by being seated on time.

II Silence your cellphone.

If you need to take a call, please exit the room quietly. Please refrain from texting during class.

III Be a responsible learner.

Acknowledge your learning style, be attentive, and share your energy with other participants.

IV Respect all speakers.

Through numerous discussions, the curriculum brings awareness to many topics and issues in the refugee and ethnic communities. Even though strong emotions might arise, please await your turn to speak. And if you disagree with someone's view, please do so respectfully.

V Speak up.

MIND | Institute curriculum is interactive! Leaders welcome questions, requests for reiteration and clarification, and participant input when topic-relevant and to-the-point. Speak *from* a group rather than *for* a group. Your experiences may be very similar to someone else's while also being very different. Be open to learning from the experiences of others. And, throughout the sessions, provide honest feedback.

VI Reflect, record, and share.

Reflect on what you learn and how it applies to you and the communities you assist. Take ample notes during the presentation and classroom discussions. Record all important takeaways. Share evidence- and practice-based resources.

VII Honor commitments.

After training, complete the required volunteer hours and all requested evaluations.

Application

Instructions

Choose one of two ways to submit your completed application and a copy of your résumé:

Email	MIND@nilesisters.org	
Drop-Off	Nile Sisters Development Initiative 5532 El Cajon Blvd., Suite 5 San Diego, CA 92115	9:00am–5:00pm, Monday–Friday

Personal Profile

First Name, Last Name _____

Birth Month / Day / Year _____ Gender _____

Job Title _____

Organization Name _____

Organization Website Address _____

Email Address _____ Phone Number _____

Postal Street Address _____

City _____ State _____ ZIP Code _____

Country of Origin _____

Language/s Spoken in Addition to English

1 _____ 3 _____

2 _____ 4 _____

Application

Professional Profile

1. Describe your work with refugee / ethnic populations as it relates to behavioral health and advocacy.

2. Describe your professional / volunteer experience, if any, with refugee and ethnic populations.

3. Identify your confidence in the following areas. Not Confident Confident Very Confident

Refugee and Ethnic Populations

Cultural awareness and diversity _____

Engaging with diverse ages, genders, faiths, sexual identities _____

Social and cultural structures _____

Behavioral Health / Public Health

Community health outreach _____

Behavioral health _____

Wellness and preventative care _____

Recording qualitative data / anecdotal evidence _____

Leadership / Advocacy

Engaging with ethnic community-based organizations (**ECBOs**) _____

Public speaking _____

System navigation / integration _____

Administration and record keeping _____

Community advocacy in refugee / ethnic populations _____

Engaging community, stakeholders, elected officials, decision makers _____

4. Describe what you hope to gain by participating in the **MIND** | Institute.

5. List specific topics that you want the **MIND** | Institute to cover.

Application

6. List special concerns about **MIND** | Institute that you may have.

7. Prioritize the five (5) most important reasons you enrolled in the **MIND** | Institute.

- Career opportunity
- Chance discovery
- Community expectation
- Desire to support community needs
- Family / friend recommendation
- Financial incentive
- Personal interest

8. Name previous participation in a refugee / ethnic behavioral health navigation program.

No previous participation, or
Name of the program _____

9. Specify restrictive dietary preferences or allergens. _____

10. Describe any other special needs. _____

Application

Statement of Understanding

Place a check mark to the left of each statement below to indicate that you have read and agree to it. Then sign and date the page.

_____ **Training Availability**

I have reviewed the class schedule, and I am available to attend all mandatory sessions. If I am unable to attend a session, at my earliest convenience, I will notify the Health Advocacy Coordinator, Danielle White, by email: dwhite@nilesisters.org

_____ **Cultural Competence**

I agree to comply with the national **CLAS** standards and provide culturally and linguistically appropriate services to refugee and ethnic populations.

_____ **Volunteer Commitment**

I commit to volunteer 103 hours by providing culturally sensitive advocacy and health navigation services to refugee and ethnic populations.

_____ **Stipend**

I understand that, as a participant in the **MIND | Institute**, I am eligible to receive \$250. I will receive \$50 at the first class session, and I will receive the remaining \$200 after I have attended all mandatory class sessions and fulfilled my volunteer commitment.

_____ **Confidentiality / Nondisclosure**

As a **MIND | Institute** participant, I realize I may be privy to confidential information about other program participants and their organizations. I agree to not disclose confidential information about other program participants to anyone except other **MIND | Institute** participants and the Health Advocacy Coordinator.

Signature _____ Date _____