 **Letter of Reference**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *name of peer training applicant*

is requesting a reference for the Peer Support Coach/Specialist Training offered by the Colorado Mental Wellness Network.

Peer Support Coaches/Specialists are a growing profession within the behavioral healthcare system. They provide mentoring and support to others using their lived experience in recovery from a mental health and/or substance use disorder.

*We are looking for applicants who are established in their own recovery, ready to focus on assisting others, and empathetic. They must have good communication skills and exhibit personal responsibility with regards to work, volunteering, and their personal recovery.*

***Why do you think this applicant would be a good Peer Coach/Specialist?***

***Please provide examples that support your observations. (Use additional pages if needed.)***

Your Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the applicant: (Reference letters should be written by someone who knows the applicant well, but not a family member or a person they are receiving services from.)\_

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Send both pages of this form to Joann Calabrese, Recovery Education Manager

Email: joann@coloradomentalwellnessnetwork.org

FAX: 720-489-3767

Mailing Address: 915 E. 9th Ave, Denver, CO 80218