**Peer Support Coach/Specialist**

 **March 2017 Training Application**

**INSTRUCTIONS**

1. *The application can be printed out and filled in by hand OR it can be completed as a WORD document on the computer. The spaces will expand as you write. If you are hand writing feel free to use additional sheets of paper. If you are hand writing please write legibly and use black or blue ink only. Please answer each question as* ***thoroughly*** *as possible.*
2. *First Complete the cover page of the application to ensure that you qualify for the training at this time. If you have any questions about the minimum requirements, please call or email us for clarification.*
3. *Initial the bottom of each page of your application.*
4. *As a part of the application process, you must also turn in a signed expectation agreement. This document can be scanned and/or photographed and emailed back to us.*
5. *You will also need to obtain a written reference from someone who knows you well and can provide examples of why they feel you are a good candidate for this training.*

***Completed Applications can be:***

***Emailed*** **joann@coloradomentalwellnessnetwork.org**

***Faxed Attention: Joann Calabrese, 720-489-3767***

***Or***

***Mailed to CMWN, 915 E. 9th Ave, Denver, CO 80218***

**Peer Support Coach/Specialist**

 **Training Application – March 2017**

**COVER SHEET**

**Name:**  **Date:**

**Street Address:**

**City:**

**Zip Code:**

**Phone:**

**Personal Email: Work Email:**

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***Applicants must be able to answer yes to the following minimum criteria for the training. Please circle your answer.***

**I have a High School Diploma or GED yes no**

**I identify as a person with lived experience with a mental health and/or substance use disorder yes no**

**I feel grounded in my own recovery and ready to focus on assisting others**

 **yes no**

**My most recent hospitalization or inpatient recovery treatment was more than 12 months ago yes no**

**I understand that the training is demanding and I will be expected to attend full day classes, read course materials, complete written homework, complete projects and a final written exam. I feel ready to take this training**

 **yes no**

**My employment goal is to be a peer provider of service (peer specialist, peer coach, peer mentor, etc.) Yes no**

**If you answered NO to any of these questions, do not fill out the rest of the application. Please contact us to determine your eligibility for the training.**

*Please note that having a criminal record may limit employment opportunities, whether you have training or not. Contact us if you’d like to discuss.*

**1. Why are you interested in becoming a Peer Support Coach/Specialist?**

**2. What does recovery mean to you in your own life?**

**3. Why do you think you are good candidate to provide support to your peers with their recovery?**

**4. Do you have a written plan for your recovery and wellness? Circle one.**

**Yes**

**No**

**If yes, please give details on how and when you developed your plan and how it has helped you.**

**5. How do you practice recovery in your daily life? Please provide examples of recovery and wellness tools, skills, resources, or strategies that you use.**

**6. What are your strengths and how will they help you as a Peer Specialist?**

**7a. What experience (if any) do you have providing peer support or advocating for peers with mental health and/or substance use disorders?**

**7b. If you are currently working or volunteering, please provide the name of the organization, the name of your supervisor, and details of your job duties.**

**8. Please describe how you deal with triggers.**

**9. What skills would you like to improve through the peer support coach/specialist training?**

**10. The Peer Training is demanding. Class runs from 8:30 – 5 PM each day. There will be homework, videos to watch, and projects to complete as a part of this training. What will be your most difficult challenge(s) in attending this training and how will you plan to deal with them?**

**11.List any groups or organizations with which you are affiliated**.

**12. List any other education or training you have that may assist you in a Peer Support role.**

**13. I certify that I completed this application on my own**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your signature**

**Tuition and Invoicing**

**We will notify you of acceptance into the training.**

**If accepted, please indicate how the tuition will be paid.**

**Tuition for the Training is $900.**

**Please check one:**

***\_\_\_\_\_\_\_ Self Pay (once accepted, a deposit of $25 is required to hold***

 ***your place in the class. The remaining tuition can be divided***

 ***into two payments: $425 when class begins and $450 the***

 ***next month) \*See information on scholarships below***

***\_\_\_\_\_\_\_ DVR***

 ***Name of DVR Counselor:***

 ***Phone:***

 ***Email:***

 ***Mailing Address:***

***\_\_\_\_\_\_\_Employer***

 ***Name of Organization:***

 ***Person Responsible for Payment:***

 ***Phone:***

 ***Email:***

 ***Mailing Address:***

***\_\_\_\_\_\_\_Other***

 ***Name of Responsible Party:***

 ***Phone:***

 ***Email:***

 ***Mailing Address:***

***\* CMWN has a limited amount of scholarship funds. Students are expected to exhaust other possible funding sources to be considered for a scholarship. Contact us if you would like a scholarship application.***