

Peer Support Specialist Training Class

E-mail Application

Name: Telephone:

E-mail address: Cell phone:

Mailing Address:
City: State: Zip:

This training is for adults; are you 18 years of age or older? (yes/no)

2. A peer is one who has experienced a mental health illness or challenge that has seriously impacted his/her life and relationships for an extended period of time. Do you identify yourself as a peer? (yes/no)

3. Please share why you are interested in Peer Support Specialist Training. What do you especially want to learn? Why?

4. When you think about providing peer support to others, what strengths and skills can you bring to the process?

5. How do you intend to use this training?

Please answer all questions completely.

If you need more space for your answers, please attach additional sheets as necessary.

Return completed application to Hope Rogers: hope.rogers@westcountyservices.org

6. Do you plan to pursue certification as a Peer Support Specialist in Sonoma County? (Yes/No/Not Sure)

7. Please share your understanding and personal experience of what mental health recovery means to you. Please include factors that are important in your own recovery and wellness:

8. What experience do you have with peer support?

9. Describe an activity you have been involved in that represents commitment and follow through:

Additional Comments:

PLEASE NOTE: Prior to enrollment, each applicant will receive an invitation to participate in a private interview that will determine eligibility and readiness for the training.

To the best of my knowledge, all answers in this application are true.

(initials)

(today's date)

Please answer all questions completely.

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