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| Certified Peer Specialist Training Application | C:\Users\marmand\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Logo Stacked_Hi_rez.jpg |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Recovery Experience

### Summarize your life experience in mental health recovery, including behavioral health systems you have navigated, personal growth, spiritual growth, hobbies, social, or sports activities.

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## List two persons familiar with your mental health recovery

### Name, Occupation, Phone Number

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in attending the Certified Peer Specialist Training. Once your application is submitted you will be contacted in regards to submitting references and registration.