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PARTICIPANT APPLICATION

Peer Recovery Specialist Training

Name _____
First Last

Organization _____

Current occupation or volunteer status _____

Are you working in the field of peer services? Yes ___ No ___

- If yes how long have you been providing peer services ____ years ____ months

Work Address _____
Street City State ZIP

Work phone _____ Cell phone _____

Email address: _____

1. I want to attend Peer Recovery Specialist training because...

2. Write a brief statement on why you have chosen to work towards becoming a Peer Recovery Specialist (goals/motivation).

3. Please describe any past experience(s) you have had in providing (paid or unpaid) peer services

4. How do you define peer support?

Please initial the statements below if in agreement:

a. ____ I certify that I am a person in recovery from mental illness for at least one year.

b. ____ My participation in this training will be strictly voluntary.

c. ____ I am committing that I will to the best of my ability to complete the entire 72 hour training curriculum

d. ____ I understand that the Peer Recovery Specialist training class involves a commitment of spending a minimum of 60 hours of class room instruction and 12 hours of homework related assignments.

I certify to the best of my ability that the information provided on this application is true and accurate.

If accepted, I AGREE to actively participate in all modules, activities, assignments. I also agree that I will be required to provide my own transportation; I agree to be on time for all class start times, and provide my own meals during the training period. I am aware that this is a one-time training at no cost to participants.

Peer Recovery Specialist Trainee's Signature

Date

Name as you want it to appear on Certificate of Completion:
