

# *Peer Support Coach Training*

2018 APPLICATION

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**COLORADO MENTAL WELLNESS NETWORK**

915 E. 9<sup>TH</sup> AVE  
DENVER, CO 80218

# Instructions

1. This application version can be printed out and filled in by hand or completed in Adobe Reader. If you are writing by hand, please write legibly and use blue or black ink only.
2. Please answer each question as thoroughly as possible.
3. First complete the Qualifying Questions to ensure that you qualify for the training program at this time. If you have any questions about the minimum requirements or your eligibility, please call or email us for clarification.
4. In order for us to process your application, you must submit at least one letter of reference from someone who knows you well and can provide examples of why they feel you are a good candidate for this training. Family, friends, and service providers (like therapists) are NOT acceptable references. You can download the letter of reference form by visiting the [Apply for Peer Support Training](#) page on our website.
5. You may submit your paper application any of the following ways:

**Snail mail or in-person drop-off:**

Colorado Mental Wellness Network  
ATTN: Joann Calabrese  
915 E. 9<sup>th</sup> Ave  
Denver, CO 80218

**Fax:**

ATTN: Joann Calabrese  
720.489.3767

**Email:**

[joann@coloradomentalwellnessnetwork.org](mailto:joann@coloradomentalwellnessnetwork.org)

# Qualifying Questions

Applicants must be able to answer yes to all of the following qualifying questions. If you answer no to any of the following questions, you are not eligible for training at this time. If you have questions about our minimum requirements or your eligibility, please give us a call or send us an email for clarification.

1. Do you have a high school diploma or GED?  
 Yes  
 No
2. Do you identify as a person with lived experience with a mental health or substance use condition?  
 Yes  
 No
3. Do you feel grounded in your own recovery and ready to focus on assisting others?  
 Yes  
 No
4. Was your most recent hospitalization or inpatient treatment more than 12 months ago?  
 Yes  
 No
5. Do you understand that this training is demanding and that you will be expected to attend full-day classes, read course materials, complete written homework, complete projects, and sit a final written exam? Do you feel ready to take this training?  
 Yes  
 No
6. Is your employment goal to be a peer provider of service, such as a peer specialist, peer coach, peer mentor, or peer navigator?  
 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. Also, please note that having a criminal record, while not a disqualifying factor for our training, may limit your employment opportunities as a peer support worker. Please contact us if you'd like to discuss.

# Personal Information

## PERSONAL INFORMATION

Full name:

Address:

Personal email:

Work email:

Phone:

I would prefer to be contacted about my application status via:

- Phone call
- Text message
- Personal email
- Work email

# Application Questions

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 a good candidate to provide support to your peers in their own recoveries?

4. Do you have a written plan for your own recovery and wellness? Please write yes or 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?

7. What experience (if any) do you have providing peer support or advocating for peers with mental health and/or substance use conditions?
  
  
  
  
  
  
  
  
  
  
8. If you are currently working or volunteering, please provide the name of the organization, the name and contact information of your supervisor, and the details of your job duties.
  
  
  
  
  
  
  
  
  
  
9. Please describe how you deal with triggers.
  
  
  
  
  
  
  
  
  
  
10. What skills would you like to improve through the Peer Support Coach/Specialist training program?

11. Peer Training is demanding. Class runs from 8:30 AM to 5:00 PM each day. There will be homework, videos to watch, and projects to complete as a part of the training. What will be your most difficult challenge(s) in attending this training and how do you plan to deal with them?

12. Please list any social, religious, civic, fraternal, voluntary, or other organizations that you are affiliated with and any leadership positions you have held within them.

13. Please list any other education or training that you have that may assist you in a Peer Support role.



# Training Expectation Agreement

CMWN offers a comprehensive training experience that has been peer-developed and peer-driven. The Network training meets the Core Competencies for Peer Specialists/Recovery Coaches/Family Advocates & System Navigators which has been endorsed by the Behavioral Healthcare Transformation Council of Colorado. The training also meets the domains and indicators for the International Credentialing and Reciprocity Consortium (IC&RC), which is an organization that will be offering credentialing in Colorado.

Our program is selective, as we want to ensure graduates are prepared and able to secure meaningful employment after graduation. We cannot accept everyone that applies. If you are accepted, we want you to know up front what is expected of you to make sure this training is a good fit. Please read over the expectations, check each as you agree, and sign at the bottom.

If I am accepted into this training program, I will:

- Prioritize the training over the three weeks of learning time. I will be on time, be prepared, turn in homework as assigned, and complete other assignments as scheduled. I will make sure that I have sufficient time for assigned internet instruction (8-10 hours over 3 weeks).
- Make arrangements in advance with my employer, school, family, etc. to ensure that I can fully participate in sessions and complete required home assignments with minimal interruption.
- Attend all scheduled class sessions in full. I understand that training takes place for a 3 week period from 8:30 AM to 5:00 PM each day with extensive classroom activities, discussion, and homework. If there is a legitimate emergency, I understand that I may make up some hours. However, I understand that missing the first day of training (when foundational practices are established) or any other two days of class will require me to take part in a future CMWN training at no additional cost in order to receive my training certificate.
- Provide the Network in advance of class days with any information regarding challenges that may make participating in classroom work difficult (such as physical, sensory, or learning disabilities). The Network will make every attempt to accommodate individuals when proper notice is given.
- Follow my personal wellness plan and do what I need to do to take care of myself during the training, understanding that I need to pay extra attention to rest and nutrition. I also understand that issues that come up during the training may be triggering and that I should have a plan in place to work through those triggers.

- Follow through by providing required documents to Network staff, communicate regularly, and, if applicable, comply with the Department of Vocational Rehabilitation's or my sponsoring organization's policies and procedures.
- Respect other students' confidentiality and differing opinions, refraining from the use of offensive, sexist, racist, ableist, homophobic, transphobic, and other discriminatory and oppressive language in order to create a welcoming and supportive learning environment.

I certify that I have completed this application on my own.

- Yes
- No

I certify that everything I have written in this application is true at the time of this application, and that if any of these statements are no longer true, I will notify staff members at CMWN.

- Yes
- No

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

# Tuition and Invoicing

Tuition for the training is \$900. Please indicate how tuition will be paid if accepted into the program. If funding is coming from multiple sources, please select each source and fill out relevant information, as well as indicating how much each funding source is contributing to your tuition.

Self-Pay

Division of Vocational Rehabilitation

Name of your DVR Counselor:

Phone number:

Email address:

Mailing address:

Employer

Organization name:

Name of the person responsible for your tuition payment:

Phone number:

Email address:

Mailing address:

Contribution amount:

Other

Name of person responsible for your tuition payment:

Phone number:

Email address:

Mailing address:

Contribution amount:

# Terms and Scholarships

I understand that, if accepted, I (or the person responsible for my tuition) am required to place a \$25 deposit to hold my place in the class. If this deposit is not made in a timely manner, the Network reserves the right to give my place to another applicant.

Yes

No

I understand that, if accepted, I (or the person responsible for my tuition) am required to pay \$425 by the first day of class and \$450 in the next month. If my tuition is not paid in full, the Network will not release my certificate of training, will not verify completion of training to employers, and reserves the right to send the account to a collections agency.

Yes

No

I understand that, if accepted and my tuition is partially paid via scholarship or employer sponsorship, I am personally responsible for the remaining balance.

Yes

No

I understand that CMWN has a limited amount of scholarship funding and that I am required to exhaust all other possible funding sources prior to being considered for a scholarship.

Yes

No

*If you are interested in getting a scholarship application, please contact Joann Calabrese via email at [joann@coloradomentalwellnessnetwork.org](mailto:joann@coloradomentalwellnessnetwork.org)*

# Next Steps

In order to process your application, a letter of reference from a person who knows you well and can provide examples of why they feel you are a good candidate for this training. Family members, friends, and service providers (like therapists) are NOT acceptable references. Please download the letter of reference form from the Apply for Peer Training page on our website.

Applications must be submitted in full at least 21 days prior to the first day of class.

We will notify you of your application status via the communication method you chose in this application.

Thank you for applying!