

Peer Support Coach Training

2018 LETTER OF REFERENCE FORM

COLORADO MENTAL WELLNESS NETWORK

915 E. 9TH AVE
DENVER, CO 80218

Instructions

1. This is a reference form for an applicant to our Peer Support Coach Training Program. Peer Support Coaches/Specialists are a growing profession within the behavioral healthcare system. They provide mentoring and support to others using their lived experience in recovery from a mental health and/or substance use condition.
2. We are seeking applicants who are established in their own recovery, ready to focus on assisting others, and who are empathetic. They must have good communication skills and exhibit personal responsibility in regards to work, volunteering, and their personal recovery.
3. For your convenience, this form is also available on our website on the "Apply for Peer Support Training" page.
4. If you choose to complete this form by hand, please write legibly and in blue or black ink only. This form may also be completed in Adobe Reader.
5. Please submit your form in any of the following ways:

Snail mail or in-person drop-off:

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

Fax:

ATTN: Joann Calabrese
720.489.3767

Email:

joann@coloradomentalwellnessnetwork.org

Letter of Reference

Applicant name: _____

Applicant phone: _____

Why do you think this applicant would be a good Peer Coach/Specialist? Please provide examples that support your observations.

Your name: _____

Your phone: _____

Your email: _____

How long have you known the applicant and in what capacity? Please note that reference letters should be written by someone who knows the applicant well, but is not a family member who a person they are receiving services from.

I attest that all statements made within this form are true at the time of signing and that, should any of these statements become untrue, I will notify CMWN staff immediately.

Signature: _____ Date: _____