



# PEER SUPPORT COACH TRAINING

## 2019 APPLICATION

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### INSTRUCTIONS

This application 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. Please answer each question as thoroughly as possible.

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.

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 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.

#### **You may submit your paper application any of the following ways:**

**Snail mail or in-person drop-off**  
**(Call first to make sure we are there)**  
Colorado Mental Wellness Network  
ATTN: Joann Calabrese  
2390 S. Downing St, Suite C  
Denver, CO 80210

**Fax**  
ATTN: Joann Calabrese  
720.489.3767  
**Email**  
[joann@coloradomentalwellnessnetwork.org](mailto:joann@coloradomentalwellnessnetwork.org)

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### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

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

- Phone Call       Text Message       Personal E-mail       Work E-mail

## 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 take 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.









## TRAINING EXPECTATION AGREEMENT

If you are accepted into the Peer Support Coach Training Program, we want you to know up front what is expected of you to make sure this training is a good fit. Training actually begins the week before the first classroom date. Audios and videos along with study guides are sent the week before and are due the first day of class. 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 plus 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.
- 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 Monday, Wednesday, and Friday, with extensive classroom activities, discussion, and homework. If there is a legitimate emergency, I understand that I may make up some hours. However 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 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, agist, and other discriminatory and oppressive language in order to create a welcoming and supportive learning environment.

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I certify that I have completed this application on my own

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

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## TUITION AND INVOICING

Tuition for the training is \$225. 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

- Employer or other Organization**

Organization Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contribution amount: \_\_\_\_\_

## TERMS

*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. The deposit is due once acceptance is confirmed.
- I (or the person responsible for my tuition) am required to pay \$100 by the first day of class and \$100 in the next month. If my tuition is not paid in full, the Network will not release my certificate of training and will not verify completion of training to employers.
- If my tuition is partially paid via scholarship or employer sponsorship, I am personally responsible for the remaining balance.
- I can work with CMWN to create payment arrangements



## 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 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!**