



# PEER SUPPORT COACH TRAINING

## 2019 LETTER OF REFERENCE FORM

---

### INSTRUCTIONS

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.

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.

For your convenience, this form is also available on our website on the "Apply for Peer Support Training" page. 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.

### **You may submit your form in 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)

## LETTER OF REFERENCE

Applicant Name: \_\_\_\_\_

We are looking for applicants who are established in their own recovery, ready to focus on assisting others, and empathetic. They must have good communication skills and exhibit personal responsibility with regards to work, volunteering, and their personal recovery.

Why do you think this applicant would be a good Peer Coach/Specialist? Please provide examples that support your observations. (Use additional pages if needed).

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 or a person they are receiving services from.

Your Name: \_\_\_\_\_

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

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