

For Internal Use Only:

Date Received: \_\_\_\_\_ Confirmation of Receipt E-mailed out: Yes \_\_\_\_\_ No \_\_\_\_\_

Notes:

### Peer Wellness Coach Application

All applicants should read the General Information about the training and certification exam before starting the application.

**Your application packet should include:**

- A completed application form (see below)
- Resume
- Two letters of recommendation
- Any transcripts/documents (unofficial) from educational history and/or certificates of attendance that would speak to relevancy to being a peer wellness coach
- Job descriptions of relevant paid or volunteer work experience (if applicable)

**Send completed application packet to:**

Rhode Island Council of Community Mental Health Organizations, Inc. (RICCMHO)  
40 Sharpe Drive, Suite 3  
Cranston, RI 02920

**Please note:**

1. Accepted applicants are required to attend an eight day training program and pass the certification exam.
2. If you have an extensive history as a peer specialist, please contact RICCMHO about potentially opting out of the training sessions. All applicants are still required to complete the application packet. Those applicants exempt from the initial training sessions will still need to attend the refresher course and successfully complete the certification exam.
3. Confirmation of receipt of completed application will be delivered to the e-mail address provided.

Application packets must be complete. Any application packets that are incomplete will not be accepted.

For any questions about these instructions or the application, contact Elizabeth Earls and/or Barbara Inderlin at:

(401) 228-7990 (Ext. 109) [earls@riccmho.org](mailto:earls@riccmho.org)

(401) 228-7990 (Ext. 107) [binderlin@riccmho.org](mailto:binderlin@riccmho.org)

**APPLICANT INFORMATION (please print clearly)**

Name (Last, First, MI):		Date of Birth (MM/DD/YYYY):		
Street Address:	Apt./Unit:	City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Work Phone:	Preferred contact: Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>	
Best time to call:	Can we leave a message?	E-mail Address:		
Please list languages you speak fluently (Being fluent in another language additional to English is preferred):				
In order to be certified as a Peer Wellness Coach, the State of Rhode Island requires that a person have a lived experience of a mental illness. Do you meet this requirement?				
What about your experience would bring value to mental health services? (Continue on a separate sheet of paper if needed.)				
Why do you think you would make a good Peer Wellness Coach? (Continue on a separate sheet of paper if needed.)				

Do you need any special accommodations to take the training sessions or the certification exam? If yes, please explain briefly.

If selected for the training, I will be able to arrange my own transportation and agree to attend all 8 sessions in January and February 2012. Yes \_\_\_\_\_ No \_\_\_\_\_

If selected, I will be available for a 6 month internship. Yes \_\_\_\_\_ No \_\_\_\_\_

I am willing to travel more than 30 minutes to an internship. Yes \_\_\_\_\_ No \_\_\_\_\_

I have access to personal and/or public transportation (preferred). Yes \_\_\_\_\_ No \_\_\_\_\_

Previous trainings completed (attach Certificates of Attendance):

Georgia Peer Support Training Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Psychiatric Rehabilitation Association Yes \_\_\_\_\_ No \_\_\_\_\_

Intentional Peer Support Yes \_\_\_\_\_ No \_\_\_\_\_

Other (please describe):

**EDUCATION**

Do you have a High School Diploma or GED equivalent?

Do you have a college or other degree(s) or have you taken any other relevant vocational courses?

If you have a college degree or have taken any relevant vocational courses, what is your area of concentration? List any relevant courses and enclose your transcript(s).

This information is only for our reporting purposes and your answers do not affect your acceptance into the training program. Rate your experience and competence in the following skills areas (circle one option per area) (1 = no experience; 10 = expert):

Computer: 1 2 3 4 5 6 7 8 9 10

Verbal Communication: 1 2 3 4 5 6 7 8 9 10

Written Communication: 1 2 3 4 5 6 7 8 9 10

**RELEVANT PAID OR VOLUNTEER WORK EXPERIENCE**

**Organization** (Please provide a copy of your job description): Phone Number:

Address: Supervisor:

Job Title: From: To: By signing below, you give RICCMHO permission to contact your employer to verify employment information. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsibilities:

Relevant Skills:

**Organization** (Please provide a copy of your job description): Phone Number:

Address: Supervisor:

Job Title: From: To: By signing below, you give RICCMHO permission to contact your employer to verify employment information. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsibilities:		
Relevant Skills:		
<b>MILITARY SERVICE</b>		
Branch:	From:	To:
Rank:	Rank at Discharge (if applicable):	Type of Discharge (if applicable):
If other than honorable discharge, please explain:		
<b>DISCLAIMER AND SIGNATURE</b>		
1. I certify that my answers are true and complete to the best of my knowledge. 2. I understand that any false or misleading information in my application or interview may result in my dismissal from the training and in possible termination of my certification as a Peer Wellness Coach. 3. I understand that this is not a guarantee of employment as a Peer Wellness Coach.		
Signature:	Date:	

**Voluntary Equal Opportunity Questionnaire:**

This information is used for data collection; it is NOT part of your application and will not affect the evaluation of your application.

**Gender:** Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_

**Race/Ethnicity Data (please check all that apply):**

- Black not of Hispanic origin (persons having origins in any of the black racial groups of Africa) \_\_\_\_
- Hispanic (persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race) \_\_\_\_
- White not of Hispanic origin (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) \_\_\_\_
- American Indian or Alaskan Native (persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition) \_\_\_\_
- Asian or Pacific Islander (persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa) \_\_\_\_
- Other \_\_\_\_\_

**Military Service:**

- Are you a veteran, a spouse of a veteran, or an unmarried surviving spouse of veteran?  
Yes \_\_\_\_ No \_\_\_\_
- If you are a veteran, were you discharged honorably or released under honorable conditions?  
Yes \_\_\_\_ No \_\_\_\_

**How did you find out about Peer Wellness Coaches (please select all that apply)?**

- Website: \_\_\_\_ Which website? \_\_\_\_\_
- Newspaper: \_\_\_\_ Which newspaper? \_\_\_\_\_
- Posting/flyer: \_\_\_\_ Where posted? \_\_\_\_\_
- Other: \_\_\_\_\_