



**Soldiers of Love and the DBSA Peer-to-Peer Resource Center present:
Certified Peer Specialist Training Program
February 18-22, 2008
The Renaissance Arts Hotel
New Orleans, Louisiana**

APPLICATION FOR PARTICIPATION

Contact Information *(please print/type):*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Demographic Information:

*Please provide the following **optional** information to help insure diversity of the training group. Aside from recording aggregate numbers, Soldiers of Love and the DBSA Peer-to-Peer Resource Center will not maintain this information in any way.*

<i>Gender:</i>	<i>Age:</i>	<i>Ethnicity:</i>	<i>Sexual orientation:</i>
<input type="checkbox"/> Male	<input type="checkbox"/> under 18	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Female	<input type="checkbox"/> 18 - 25	<input type="checkbox"/> American Indian	<input type="checkbox"/> Gay
	<input type="checkbox"/> 26 - 55	<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Lesbian
<i>Physical disability:</i>	<input type="checkbox"/> 56 +	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Bisexual
<input type="checkbox"/> Yes		<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> Transgendered
<input type="checkbox"/> No		<input type="checkbox"/> Other	

Special Needs: Please list any special accommodations you may require during training or testing.

Application Questions *(please print/type):*

Please answer the following questions to the best of your ability. Your answers will assist the Selection Committee in identifying and selecting the most qualified applicants.

I. Environment and Access

Do you currently have a job in which the skills gained through Peer Specialist training and certification will be utilized, or are you seeking such a job? *(select one)*

- I currently have such a job
- I am seeking such a job

II. Recovery Experience

This application is designed *for persons who are or have been consumers of mental health services and are living in recovery* and who wish to be trained and certified to help individuals with psychiatric symptoms and conditions identify and achieve specific life goals. Please list any experiences that you have had in which you utilized your own mental health recovery to benefit others in their recovery through revealing aspects of your personal recovery journey.

III. Participation

Please share with us why you wish to participate in Peer Specialist training and certification. How will your participation help promote self-directed recovery, independence, and community integration for people with mental illnesses in the greater New Orleans area?

IV. Conditions of Participation / Signature:

If I am selected to participate in the Peer Specialist training program, I agree to the following:

1. I acknowledge that I am a mental health consumer living in recovery.
2. I will attend all five days of training
3. I will participate in role-plays in which I utilize solely my personal experience rather than any clinical training.
4. I will take a certification examination at agreed-upon dates following training (if special accommodations are needed, please indicate in first section of this application).
5. I will inform Soldiers of Love promptly if I am unable to attend the training or will be delayed in meeting the other conditions.

Your signature below indicates that you have read and agree with the terms above.

Signature: _____ Date: _____

**FAX, MAIL, OR E-MAIL COMPLETED APPLICATIONS
NO LATER THAN THURSDAY, JANUARY 25, 2008 TO:**

Soldiers of Love
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All candidates will be notified of their application status no later than Friday, February 1, 2008.