



**Peer Advocate Training Application**  
**A Collaborative Between Project Return Peer Support Network**  
**Mental Health America of Los Angeles and**  
**Los Angeles County Department of Mental Health**

**Peer Advocate Training February 22, 2011 to March 28, 2011 Instructions**

❖ **Application Requirements:**

- Applicants must have personal lived experience with a mental health condition, and identify themselves as a person who has used, or uses, mental health services in their own recovery process
- Applicants must plan to attend all sessions, including the classroom instruction and volunteer/internship. Any need to miss or leave early must be done so with a 24 hour notice
- Applicants must secure your own transportation to internship sites in addition to classroom in Commerce
- Applicants must be able to communicate effectively using written and verbal skills
- Applicants must be able to complete the application independently

❖ **Instructions:**

- The application must be completed by the applicant only. You may type directly into the application or you may handwrite on the form, If you need additional sheets please put your name on each sheet
- Applicants must list two references. Instructions to completing the references are located on page 9 of this application. The reference form is two pages. Each completed reference must be sent directly to Project Return Peer Support Network (PRPSN). They can be mailed to our address: 6055 E. Washington Blvd., Suite 900 Commerce CA 90040, Attn: Guyton Colantuono. They may be faxed: 323-346-0966 or emailed to: [gcolantuono@prpsn.org](mailto:gcolantuono@prpsn.org)
- Answer all questions. Due to limited resources, we **will not** contact you to get missing information. Since all incomplete applications will be removed from consideration, be sure to check that you have completely answered all questions
- Each candidate must attend an “interview meeting”. Dates for the interview meetings will be scheduled with the Project Return Peer Support Network Training Team
- Make sure to write your name on each page of the application and send them to Project Return Peer Support Network, Attn: Guyton Colantuono. You can mail them to 6055 E. Washington Blvd., Suite 900 Commerce CA 90040 or email them to [gcolantuono@prpsn.org](mailto:gcolantuono@prpsn.org) or fax them to 323-346-0966

❖ **Timeline:**

- Application deadline is Monday January 26, 2011
- Notifications for “interview meetings” will occur the Week of January 31 – February 4, 2011
- Interview dates will occur the week of February 7-10 2011
- Final Notification of status will be sent during the week of February 14, 2011
- Classes Start on Tuesday February 22, 2011 and end on Monday March 28, 2011

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



**Project Return Peer Support Network  
Peer Advocate Training Application  
2011**

<b>Name:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>

**Alternative Contact Information:** This is someone who could be reached in case of emergency or as a way to contact you if your information above changes

<b>Name:</b>	
<b>Address:</b>	
<b>Email Address:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>

**How did you hear about the Peer Advocate Training? (Print or Type)**

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**Have you applied to Project Return Peer Support Network Peer Advocate Training(s) in the past? (if yes, please state years and outcome):**

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**Personal Reference (please read the reference form on page 8 for instructions):** The individuals providing the personal reference must complete the referral form and send it directly to Project Return Peer Support Network (mail, email or fax)

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>

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



### Written Essay

Please answer all of the questions below (in your own words). Please type in the available space or on separate sheets. **ADDITIONAL SHEETS MUST BE SUBMITTED WITH THE APPLICATION** (Please write your name on each additional sheet submitted).

- 1) Please describe how your personal lived experience of a mental health issue can contribute to your work in the mental health field.

- 2) Please describe your understanding of Peer Support and Peer Advocate jobs in mental health. What, if any, personal experiences have you had with self- help, Advocate or peer support?

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



**3) What are your short-term professional aspirations? How will your participation in the Peer Advocate Training program enable you to realize your career goals?**

**4) What does recovery mean to you?**

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



**5) Who has played an important role in your recovery, and in what ways? (This can include professionals, family, peers and/or friends)**

**6) What would you describe as your strengths that will assist you with fulfilling the obligations of this training series?**

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



Please provide as much information as possible related to your educational/training, employment/volunteer experience. Lack of previous education/training or employment will not disqualify you from acceptance in this training. Please provide additional sheets if necessary.

**Education/Training – List all education/training, beginning with the most recent. (please print or type)**

Name of Training or Agency	Degree/Certificate	Field of Study	Date(s)

**Employment/Volunteer Experience – List all prior positions, beginning with the most recent. (please type or print)**

Agency	Title	City and State	Dates	Volunteer or Paid

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



## Participant Agreement Form

Read each of the following statements thoroughly!! **Initial or check each box next to the statement you agree with.**

\_\_\_\_\_ I understand that it is my responsibility to ensure that all references are submitted on time.

\_\_\_\_\_ I understand that the people completing the references are to submit them directly to PRPSN, either via email, mail or fax at the address provided on the cover sheet and the instructions on page 9 of this application.

Agreements for Participation, Please read statements thoroughly!! **Initial or check each box next to the statement you agree with.**

\_\_\_\_\_ I completed this application on my own.

\_\_\_\_\_ I answered all questions in my own words.

\_\_\_\_\_ I intend to enter the mental health field either as a volunteer or paid employee at the completion of this course.

\_\_\_\_\_ I fully intend to participate to my maximum ability during the 5 week Peer Advocate training including the classroom, volunteer/internship obligations.

\_\_\_\_\_ I understand that Project Return Peer Support Network **is not** a job placement program.

\_\_\_\_\_ I understand that the content of the Peer Advocate Training is to provide me with core skills necessary for entry level positions in the mental health field.

\_\_\_\_\_ I agree to complete all required homework, classroom assignments and volunteer/internship responsibilities.

Print or Type your name here: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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



## **VOLUNTARY DISCLOSURE OF SELF-IDENTIFICATION**

While it is your choice to provide us with the following information, it is important that we are successful in our efforts to reach out to a diverse constituency. We appreciate you providing us with the following demographic information to help gauge the success of these efforts.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Language: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender

Other Languages Spoken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Self-Identification: \_\_\_\_\_

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**Those selected to participate in this training will be notified by mail, email and/or phone call.**

**THANK YOU!**

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



**Project Return Peer Support Network  
Peer Advocate Training Reference Form**

◀ **Confidential** ▶

We will accept references from the following people (supervisor, friend, co-worker, teacher, etc.) Please do not send references from your treatment team (case manager, Dr., Therapist etc.) these **will not be accepted.**

TO BE COMPLETED BY APPLICANT	
<b>NAME OF APPLICANT:</b>	
<b>WAIVER:</b> As required for consideration of acceptance into the PRPSN Peer Advocate Certificate Training, I give permission for this form to be submitted directly to the Project Return Peer Support Network program without my review, and understand that I will not see the contents. Both the referrer and I understand that this form must be faxed, emailed or post-marked by the application deadline, and that late a submission may disqualify me from acceptance to the training. Project Return Peer Support Network – 6055 E. Washington Blvd., Suite 900 Commerce CA 90040. Email: <a href="mailto:gcolantuono@prpsn.org">gcolantuono@prpsn.org</a> ; Fax: 323-346-0966. Direct all applications and References to Guyton Colantuono. References are due by the Application Deadline of January 26, 2011.	
<b>APPLICANT SIGNATURE:</b>	<b>Date:</b>

**TO BE COMPLETED BY REFERRING INDIVIDUAL**

**The Peer Advocate Training is an intensive 5 days a week for 5 weeks, that includes volunteer/internship responsibilities, ability to communicate effectively (written and verbal), and ability to think critically though all classroom lectures.**

**Name:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

1. How long have you known the applicant?
  
2. Why do you believe this person would be an effective peer advocate?
  
3. What do you see as this person's greatest strength?
  
4. What will be this person's greatest challenge?

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



5. Please rate the applicant in the following areas and provide additional comments in #6. (Check only one box for each item):

		Poor	Fair	Average	Good	Excellent	Not Observed
1.	Leadership Skills						
2.	Socializes Comfortably						
3.	Communicates Effectively						
4.	Self-Motivation						
5.	Reliability						
6.	Integrity						
7.	Recovery Foundation						

6. Any further Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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