



Date of Application:

Name:

Address:

Phone:

Email:

Date of birth:

Why are you interested in becoming a Peer Support Specialist (500 characters max)?

Do you consider yourself in Recovery? If so, how long? (500 characters max)

Describe your recovery experience from substance use, mental health challenges or both. (500 characters max).

Keeping in mind that sharing your story of lived experience can be very emotional, describe how you are willing and able to share your lived experience, as a tool, with others. (500 characters max)

What strengths do you have that would make you a good Peer Support Specialist? (500 characters max)

Have you applied to attend a Peer Support Specialist Training anywhere else? If so, where and when? (500 characters max)

Applicant's Signature:

Printed Name:

Date:



Submission Instructions

- Applications must be completed, including the two requested references, prior to being reviewed.
- Completed applications should be received no later than 15 days prior to the next scheduled training. If the application is not received 15 days prior, you will be notified and placed “on-hold” until the next scheduled training.
- Completed external applications should be emailed to education@monarchnc.org or be mailed to:

Monarch
ATTN: Education Department
350 Pee Dee Avenue
Albemarle, NC 28001

- Applications that are approved to move forward with the training, will be notified at least 14 days prior to the next scheduled training.



Applicant: Please print this form and give to two individuals who can provide a personal reference for you.

Personal Reference Form

The individual named below is applying to participate in an upcoming Peer Support Specialist Training. The applicant has requested for you to provide the required personal reference.

A person that is eligible to take the Peer Support Specialist Training must meet the below requirements:

- 18 years or older
- Has lived experiences in recovery from a significant mental health and/or substance use disorder
- Has been in recovery for at least one consecutive year
- Has at least a high school diploma or equivalent

With the advantage of shared experience, a Peer Support Specialist is someone who helps others diagnosed with a mental illness and/or substance use disorder.

Instructions: Complete the reference form and return it to the Education Department at Monarch. Applications will not be processed without completed references. References can be scanned and emailed to education@monarchnc.org or it can be mailed to the following address:

Education Department
350 Peed Dee Ave.
Albemarle, NC
28001



Name of applicant for whom you are providing a reference: _____

Name of reference: _____

Phone: _____ **Email:** _____

Description of your relationship with the applicant, including how long you have known them:

Please share the applicant's strengths that you feel will be an asset in them becoming a Peer Support Specialist:

Describe your experience with the individual that indicates his/her demonstrated recovery for at least 12 consecutive months:



By signing this reference form, I certify that the information that has been provided is accurate, to the best of my knowledge. I certify that I have witnessed their personal recovery lifestyle for an extended period.

My signature also confirms, to the best of my knowledge, that the applicant meets the indicated requirements (below) to be a Peer Support Specialist.

- 18 years or older
- has been in recovery for at least one year
- has a high school diploma or equivalent

Signature/Date: _____

Please return reference by email to education@monarchnc.org or by mail to 350 Pee Dee Ave., Albemarle, NC 28001. Applications will not be processed without completed references.