

**SHARE! the Self-Help And Recovery Exchange**

*A project of the Emotional Health Association*

**6666 Green Valley Circle Culver City, CA 90230**

**(310) 846-5270**

[www.shareselfhelp.org](http://www.shareselfhelp.org)

# Make something out of your life!

# Peer Specialist Certification Training at SHARE!

Learn the award-winning American Psychological Association techniques for delivering peer services that have produced measurable positive outcomes such as jobs and independent housing, while reducing hospitalization, incarceration and mental health symptoms.

### Ideally, you will be **working or volunteering in the mental health field**. No previous training required.

### This training, sponsored by the California Office of Statewide Health Planning and Development, is available free for a limited time.

**More info:** shareselfhelp.org/programs/peertraining

**Please submit your resume, with details of your history of work, volunteering and education, with this application.**

## Applicant Information

|  |
| --- |
| Full name: |
|  |

Full Address (Street, City, State, Zip):

Email:

Phone:

I identify as a \_\_ mental health consumer

\_\_ family member of a mental health consumer *Please describe*:

\_\_ parent of a child mental health consumer

## References

Please list three references. If you are working or volunteering, please include your supervisor as one of your references. If you have a sponsor in a self-help support group, please include your sponsor. Please contact your references, tell them that SHARE! will be calling and give them permission to talk to SHARE! about you.

1. Name Phone

Email: Relationship:

1. Name Phone

Email: Relationship:

1. Name Phone

Email: Relationship:

**Previous Training**

Please indicate which of the following trainings you have completed, as previous training is not required. This is only for placement purposes.

Intentional peer support: yes no If yes, when?

Suicide prevention: yes no If yes, when?

Crisis Management yes no If yes, when?

WRAP: yes no If yes, when?

HIPAA & confidentiality: yes no If yes, when?

Targeted case management: yes no If yes, when?

Ethics & Boundaries: yes no If yes, when?

Triage: yes no If yes, when?

Self-care: yes no If yes, when?

Job skills: yes no If yes, when?

Word & Excel software: yes no If yes, when?

Other peer services training? (Please describe & give date)

**Why do you want to take SHARE! Peer Specialist Training?**

**Self-Help Support Group Involvement**

Please list your current self-help support group participation. How long you’ve been involved and how often do/did you attend? Please do this with each self-help group you are attending. Also list past involvement. If extra space is needed please use the back of this sheet. This is for placement purposes.

**Program name**: from: to:

How often do/did you attend?

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How often do/did you attend?

Please read the statements below, check off both boxes and sign. Unsigned applications will be incomplete.

I certify that my answers are true and complete to the best of my knowledge.

I grant permission for SHARE! to contact my references and speak to them about my suitability for the Advanced Peer Specialist Training.

|  |
| --- |
| Signature: |

Thank you for completing the application. Please return this application and your resume to Libby Hartigan, SHARE!, 6666 Green Valley Circle Culver City CA 90230, [libby@shareselfhelp.org](mailto:libby@shareselfhelp.org); fax 310-846-4199. If you have questions, please call 310-846-5270 and ask for Libby or Emily.

SHARE! Advanced Peer Specialist Training Survey Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This demographic survey is for the Office of Statewide Health Planning and Development (OSHPD) which funds your participation in this program. While this survey is optional, OSHPD kindly requests your completion of this survey.

**Please identify your County of residence:** Name of County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please identify your Race/Ethnicity: (Check all that apply)**

□ African American/Black African □ Latino

□ American Indian/Native American/Alaskan Native □ Central American

□ Asian □ Cuban

□ Cambodian □ Mexican

□ Chinese □ Puerto Rican

□ Filipino □ South American

□ Indian □ Other Hispanic

□ Japanese □ Middle Eastern

□ Laotian/Hmong □ Pacific Islander

□ Korean □ Guamanian/ Fijian

□ Pakistani □ Hawaiian

□ Thai □ Samoan

□ Vietnamese □ Tongan

□ Other Asian □ Other Pacific Islander

□ Caucasian/White/European □ Decline to State

**Please select any languages you speak in addition to English:**

|  |
| --- |
| □ American Sign Language |
| □ Arabic □ Hmong □ portuguese |
| □ Armenian □ italian □ punjabi |
| □ Cambodian □ Japanese □ russian |
| □ Cantonese □ khmer □ samoan |
| □ Farsi □ kiswahili □ spanish |
| □ French □ Korean □ tagalog  □ German □ laotian □ thai  □ HaItian Creole □ mandarin □ turkish  □ Hebrew □ other chinese □ urhobo  □ Hindi □ polish □ vietnamese □ other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Not everybody uses the same labels to describe their sexual orientation, however, which BEST describes your current gender:**

**□** Androgynous □ Male/ Transman/ FTM Transgender

**□** Female □ Questioning my Gender

**□** Female/ Transwoman/ MTF Transgender □ Decline to State

□ Male

**Do you identify as having a disability\*?**

□ Yes □ No □ Decline to state

*\*A disability is defined as 1) a physical or mental impairment or medical condition that limites one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or work; 2) having a record or history of such impairment or medical condition; or 3) being regarded as having such an impairment or medical condition.*

**Please select your age group:**

□ 18-24 □ 25-39 □ 40-64 □ 65 years and over □ Decline to state

**Are you a Military Veteran?**

□ Yes □ No