

**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)/training

# SHARE! Free Advanced Peer Specialist Training

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.

**To apply: Complete this application (typed or written) and return with your resume to** **training@shareselfhelp.org** **or fax (310) 846-4199.**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | First | Last | M.I. |  |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |
| --- |
|  |
| Email Phone |

Please identify your COUNTY of residence (i.e., Los Angeles): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I identify as a:

\_\_ mental health consumer \_\_ family member of a mental health consumer \_\_ parent of a child mental health consumer

\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**General Information**

Are you able to read and write in English at a high-school graduate level?

\_\_ Yes \_\_ No

Do you have a High School diploma or G.E.D.?

\_\_ Yes \_\_ No

Have you ever been convicted of a crime that involves harm to elders, dependent adults, or minor children?

\_\_ Yes \_\_ No

Have you misused a substance(s), food, sex or gambling in the last six months? If yes, please give a brief explanation in the space below

\_\_ Yes \_\_ No

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\_\_ Yes \_\_ No

Date of birth (Month, Day, Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The best phone number to reach me is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESSAYS**

You can write your essay on this paper or submit them on a separate paper.

ESSAY 1

**Please describe your lived experience with mental health or emotional issues as well as your recovery process, including any self-help support groups you attend or attended**. *(200 to 1000 words)*

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ESSAY 2

**What is your motivation for having a job working with people with mental health and/or parents, family and caregivers of people with mental health issues?** *(200 to 500 words)*

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ESSAY 3

**Describe a time in the last three months that you said or did something that impacted someone negatively. How did you handle it for yourself and for others? What steps if any, did you take to ensure that it would not happen again?***(200 to 500 words)*

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**Work or Volunteer experience in the Mental Health System**

Please list the Organization and County where you work or volunteer in the public mental health system (may include service and/or leadership in self help support groups.)

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Please list your position title and describe your overall job duties. (such as, Volunteer, Perform community outreach services and provide support to mental health consumers.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How many hours do you work or volunteer per week? \_\_\_\_\_\_\_\_\_\_\_

AND When did you start your current position (MM/YYYY)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any previous training you have had related to working in the mental health field. (not required)

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**Self-Help Support Group Involvement**

Please list self-help support groups you attend and how long you have been attending. Prior experience with self-help support groups will make you a stronger candidate for this class.

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

How often do/did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

How often do/did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

How often do/did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How often do/did you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographics**

The following 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**, and will not affect whether you are accepted for this class, OSHPD kindly requests your completion of this survey.

**Please identify your race/ethnicity** (select as many as apply):

❑ Black or African American

❑ American Indian/Native American/Alaskan Native

❑ Asian

❑ Cambodian

❑ Chinese

❑ Filipino

❑ Indian

❑ Japanese

❑ Laotian/ Hmong

❑ Korean

❑ Pakistani

❑ Thai

❑ Vietnamese

❑ Other Asian

❑ Caucasian/White/European

❑ Hispanic/Latino

❑ Central American

❑ Cuban

❑ Mexican

❑ Puerto Rican

❑ South American

❑ Other Hispanic

❑ Middle Eastern

❑ Pacific Islander

❑ Guamanian/Fijian

❑ Hawaiian

❑ Samoan

❑ Tongan

❑ Other Pacific Islander

❑ Decline to State

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

❑ American Sign Language

❑ Arabic

❑ Armenian

❑ Cambodian

❑ Cantonese

❑ Farsi

❑ French

❑ German

❑ Haitian Creole

❑ Hebrew

❑ Hindi

❑ Hmong

❑ Italian

❑ Japanese

❑ Khmer

❑ Kiswahili

❑ Korean

❑ Laotian

❑ Mandarin

❑ Other Chinese

❑ Polish

❑ Portuguese

❑ Punjabi

❑ Russian

❑ Samoan

❑ Spanish

❑ Tagalog

❑ Thai

❑ Turkish

❑ Urhobo

❑ Vietnamese

❑ Other

**I identify as a**... (choose ALL that apply)

❑ Mental health consumer

❑ Family member of a mental health consumer

❑ Both

❑ None

❑ Decline to State

**Please select your age group:**

❑ Under 18

❑ 18-24

❑ 25-39

❑ 40-64

❑ 65 years and over

❑ Decline to State

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

❑ Androgynous

❑ Female

❑ Female/Transwoman/MTF Transgender

❑ Male

❑ Male/Transman/FTM Transgender

❑ I am questioning my gender

❑ Decline to State

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

❑ Bisexual/Pansexual

❑ Gay

❑ Heterosexual/ Straight

❑ Lesbian

❑ I am questioning if I am straight or not straight

❑ Queer

❑ Decline to State

**Are you a military veteran?**

❑ Yes

❑ No

**A disability is defined as 1) a physical or mental impairment or medical condition that limits 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. Do you identify as having a disability?**

❑ Yes

❑ No

❑ Decline to State

❑ None

**Commitment to Complete the Training**

SHARE! Advanced Peer Specialist Training is for people who are working or volunteering or wish to work or volunteer as peers or parent partners in the public mental health system. To earn a certificate in Peer Services 101, you must attend each class, complete homework assignments, conduct field investigations, attend three self-help support groups a week and pass a final examination.

If you are accepted to the course, are you committed to attending all 7 classes, completing the homework, attending three Self-Help Support Groups a week, and taking the final exam?

\_\_ Yes

\_\_ No

I agree that along with this application I will submit a resume. I certify that my answers are true and complete to the best of my knowledge.

Sign or print your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Yes, I would like to receive your email newsletters

(By marking this option, you're consenting to receive marketing emails from: SHARE! You can revoke your consent to receive emails at any time by using the SafeUnsubscribeTM link, found at the bottom of every email. Emails are serviced by Constant Contact.)

**Please submit this application with a copy of your resume to:** **training@shareselfhelp.org** **or Fax (310) 846-4199**