

Peer Specialist Training Application

PLEASE PRINT CLEARLY

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

E-mail address: _____

Confirm Email address: _____

Cell Phone: _____ Home Phone: _____

How did you hear about PST Program? _____

Do you have a high school diploma: Yes ____ No ____

College: 1 2 3 4

Other degrees or certificates: _____

Are you legally able to work in the State of California? Yes ____ No ____

Date of birth: ____/____/____

Languages spoken: _____

Are you committed to work or volunteer in the mental health system?

Yes ____ No ____

Why do you want to become a Mental Health Advocate? _____

Have you participated in any pre-employment program in the last year such as: DPSS, DOR, Worksource, or other?

Yes _____ No _____

If yes, which entity? Where and how long? _____

Please indicate any previous training/experience you have related to working in the mental health field.

Please list any self-help/peer support groups you've attended.

Please describe your personal experience living with a disability? _____

Please list any organizations where you've worked or volunteered in the public mental health system:

1. _____
2. _____
3. _____
4. _____

References:

Name: _____ Name: _____

Phone #: _____ Phone #: _____

Relationship: _____ Relationship: _____

REASONABLE ACCOMMODATION

Students who are participating in the Peer Specialist Training (PST) program at DCRC have the right to request reasonable accommodation(s) under the Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (ADAAA).

If you are in need of a reasonable accommodation talk to the PST Coordinator and a form will be provided.