

# *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? \_\_\_\_\_

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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? \_\_\_\_\_

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

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

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Please describe your personal experience living with a disability? \_\_\_\_\_

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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.