**PEER WELLNESS SPECIALIST TRAINING**

**WRITTEN APPLICATION**

**Date:**

**Basic Information**

Full Name:

With what gender do you most identify?

What are your preferred pronouns?

Address:

Telephone:

Email address:

Age range:

[ ] 18-35

[ ] 36-55

[ ] 56 +

**Optional Questions**

**(The following four questions (6a-6d) assist us in answering statistical questions. You may decline to respond if you do not want to provide the information.)**

a. Do you currently live in a rural community (population of 50,000 or less)?

b. Have you served in the military?

c. What is your racial and/or ethnic identity?

d. What is your preferred language? Please note that this question is for statistical purposes only. Unfortunately, we do not have the ability to provide interpreter services.

**Lived Experience**

a. Do you identify as being in recovery from mental health challenges?

c. Do you identify as being in recovery from an addiction or substance use issue?

i. If yes, please share your clean date.

**Education and Training**

a. Identify any peer support training that you have received and if you have been “certified” through another peer support specialist or peer wellness specialist training program in Oregon or elsewhere.

b. Describe education and training other than peer supports that you have received including high school, GED, college, and technical training courses and programs.

**Why do you want to work in peer support?**

**Do you have any concerns about this line of work or about participating in this training?**

**The PWS training fee is $750.00.** Please make check available to Mental Health Association of Oregon. If an invoice is required for payment from an employer or other source, please provide the name and address.

[ ] I am receiving a scholarship from another organization. If so, please specify the organization and your point of contact:

[ ] I am applying for a partial scholarship ($375.00)

[ ] I am applying for a full scholarship.

Please note that scholarships are limited to availability and additional information may be requested.