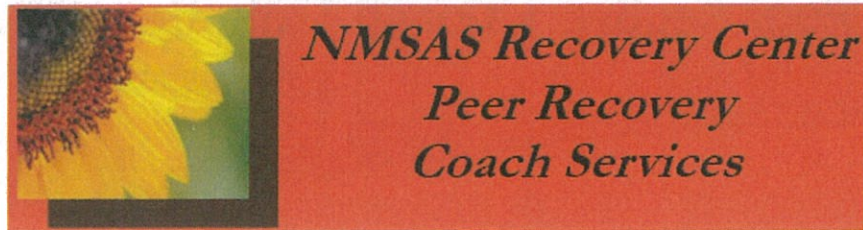


NMSAS Recovery Center



Training Information - The training sponsored by NMSAS Recovery Center will be held at R.A. MacMullan Conference Center, 104 Conservation Drive, Roscommon, MI. The training schedule is as follows over **Two Weekends**:

Friday, February 22nd from 5:00pm to 9:00pm
Saturday, February 23rd from 8:30am to 4:30pm
Sunday, February 24th from 8:30am to 4:30pm

Friday, March 2nd from 5:00pm to 9:00pm
Saturday, March 3rd from 8:30am to 4:30pm
Sunday, March 4th from 8:30am to 4:30pm

This training is open to individuals in recovery with an interest in providing support, mentorship and guidance to persons with substance use disorders and co-occurring disorders. There is a **maximum of 24 training slots** available for this event. Participants are required to complete all classroom hours to obtain the Recovery Coach Completion Certificate.

Submitting Application - Please submit your completed application form (below) to Tory Werth by email twerth@nmsas.net or Shannon Peek speek@nmsas.net or by fax 989-732-7052 by **January 31st, 2018**. When the application is returned you will be notified and an interview will be scheduled. Once the interview has been conducted you will be notified with training acceptance standing.

If you already completed and submitted the NMSAS Recovery Coach Application there is no need to resubmit and you will be contacted and scheduled for an interview. All interviews will be conducted at a location near you.

Contacts - Questions about the training or application should be directed to Tory Werth, twerth@nmsas.net or Shannon Peek speek@nmsas.net by calling NMSAS Recovery Center at 989-732-1791.

Funds supporting this training are provided by NMRE and MDCH

NMSAS Recovery Center

NMSAS Recovery Coach Profile/Application

Name: _____ Date of Birth: ___/___/___ County _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone # _____

Sex: M F Length of Recovery: _____

What was your primary drug of choice (street names acceptable): _____

Underline all pathways that make up your recovery experience:

Residential Treatment

Outpatient Treatment

Detox

AA

NA

CA

SMART

SOS

Harm Reduction

Medication Assisted

Self

Faith Based

Other _____

Physician

Mental Health

Circle your experiences that could strengthen the Coach/Recoveree relationship:

Veteran

Alcohol/Drug Courts

Divorce

Job Loss

Home Loss

Return to School

Parent

Legal Involvement

Anger Mgt

Reading/Writing

Hobbies

Outdoor Interest

Volunteer

Leadership Roles

Business/Ownership

Grief Issues

Experience with other systems of care _____

Other _____

NMSAS Recovery Center

Do you have Transportation: Yes No

How far are you willing to drive as a Recovery Coach: 5 mi. 10mi. 20mi.

Other _____

Do you have phone service: Yes No

Do you have internet access: Yes No

Do you have an email account: Yes No

Have you ever been convicted of a crime, other than a misdemeanor or minor traffic offense? Yes No

If yes, please provide full explanation on separate sheet including resolution of charges.

Are you available 4 hours a week to provide coaching services? Yes No

Do you know more than one Language? Yes/No Please List other Languages _____

Education: GED High School Years of College: _____

Other Specialized Training/Education: _____

Would you be willing to provide peer telephone support services for NMSAS? Yes No

What is your chief motivator for becoming a Peer Recovery Support Volunteer? Circle any that apply:

Be of Service to Others Learn and Grow Recognition Advocacy Multiple Pathways

Explain/Other _____

Is there anything that you'd like to tell us about yourself or any special needs that you might have for the training?

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NMSAS Recovery Center

Completing the section below does not necessarily mean you will be prevented from volunteering in Peer Recovery Supports Services if you have a criminal record.

CRIMINAL HISTORY RECORD CHECK, SEX OFFENDER REGISTRY CHECK & DRIVER VERIFICATION

I hereby give my permission to Northern Michigan Substance Abuse Services to verify information given on my application, from statements I have made, and for any determination into my good moral character. I do hereby release Northern Michigan Substance Abuse Services, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police to release to Northern Michigan Substance Abuse Services my conviction criminal history information. I hereby give my permission to Northern Michigan Substance Abuse Services to conduct a national and state sex offender registry check on me. I hereby give my permission to Northern Michigan Substance Abuse Services and their automobile insurance company to check with the Michigan Department of State, Lansing, Michigan to verify my driving record.

FULL NAME (AS SHOWN ON YOUR DRIVERS'S LICENSE): _____

PREVIOUS MARRIED, MAIDEN NAMES, OR ALIAS: _____

CURRENT ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

BIRTH DATE: _____ SEX: _____

Northern Michigan Substance Abuse Services agrees to use the information from the Department of State Police, the MI Department of State, and the national and state sex offender registries to verify information on my application for volunteering, from statements I have made, and for any determination into my good moral character.

As a condition of placement in the Recovery Coach Academy Training I agree that I will not engage in the practice of Recovery Coach Services within two years from the date of my Recovery Coach Certification either independently or outside of the NMSAS provider network (within the NMSAS geographical region). Please let us know if you have any questions regarding this condition.

Volunteer: _____ DATE: _____
(Signature)

For more information please contact:

Tory Werth
Peer Recovery Support Coordinator
NMSAS
2136 West M-32
Gaylord, MI. 49735
989-732-1791
twerth@nmsas.net

Shannon Peek
Peer Recovery Supports Assistant
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989-732-1791
speek@nmsas.net