



3. Please describe any past experience(s) you have had in providing (paid or unpaid) peer services

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4. How do you define peer support?

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Please initial the statements below if in agreement:

- a. \_\_\_\_ I certify that I am a person in recovery from mental illness for at least one year.
- b. \_\_\_\_ My participation in this training will be strictly voluntary.
- c. \_\_\_\_ I am committing that I will to the best of my ability to complete the entire 72 hour training curriculum
- d. \_\_\_\_ I understand that the Peer Recovery Specialist training class involves a commitment of spending a minimum of 60 hours of class room instruction and 12 hours of homework related assignments.

*I certify to the best of my ability that the information provided on this application is true and accurate.*

***If accepted, LAGREE to actively participate in all modules, activities, assignments. I also agree that I will be required to provide my own transportation; I agree to be on time for all class start times, and provide my own meals during the training period. I am aware that this is a one-time training at no cost to participants.***

\_\_\_\_\_  
Peer Recovery Specialist Trainee's Signature

\_\_\_\_\_  
Date

Name as you want it to appear on Certificate of Completion:

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