

**APPLICATION: Recovery Coach Training  
TRAINING CANDIDATE INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Role with Organization: **Circle one** – Peer / Intern / Volunteer

Staff (In what capacity?): \_\_\_\_\_

Explain why you are interesting in Recovery Coach Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in Peer-to-Peer education or services? (If YES) which organization were you involved with?

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your history of sustained recovery, if relevant:

\_\_\_\_\_  
\_\_\_\_\_

Complete your perception of the following (Give a definition):

**Recovery is:** \_\_\_\_\_

How would you implement this training in your selected environment/community?

\_\_\_\_\_  
\_\_\_\_\_

***We have plans to hold RC trainings during the months of September and October. If you have a preference of which month you would like to attend, please indicate here*** \_\_\_\_\_

Please sign, date and return application to [joanmacgregor@resourcetraining.org](mailto:joanmacgregor@resourcetraining.org) or fax to (718)871-7419 –

attn: Joan MacGregor

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date Signed**

***All applications will be reviewed and does not guarantee seating. If accepted, you will receive a confirmation two weeks prior to training date. Please make checks or money orders payable to:***

***The Recovery and Life Coaching Academy***