



**“PEER SUPPORT WITHIN THE CRIMINAL JUSTICE SYSTEM TRAINING”  
APPLICATION FOR PARTICIPATION**

This **3-day training** opportunity is intended for Certified Peer Specialists (CPS) and Certified Recovery Specialists (CRS) with priority given to those who have lived experience in the criminal justice system.

Where: (PMHCC) Wells Fargo Building 23rd floor, 123 South Broad Street Philadelphia Pa. 19109 (215) 546-0300

**The fee for this 3-day session is \$90.00.** Lunch will be provided. You are responsible for your own travel, lodging and additional meals. \*Attendance for all three days is required.\* **Application Deadline: Friday, April 7, 2017**

**SECTION 1: GENERAL INFORMATION**

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, Zip-Code & County: \_\_\_\_\_

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

Phone number(s): work \_\_\_\_\_ Home or Cell \_\_\_\_\_

Current Employer or volunteer work:

Job title (if applicable):

Is this a CPS position: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this a CRS position: \_\_\_\_\_ Yes \_\_\_\_\_ No

Check the primary population you work with:

\_\_\_\_\_ Veterans \_\_\_\_\_ Forensics \_\_\_\_\_ Transition Age Youth \_\_\_\_\_ Adults over the age of 55

**SECTION 2: REQUIRED PREREQUISITE (*Please answer the following questions.*)**

Are you a Certified Peer Specialist? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of certification: \_\_\_\_\_ (*Please attach a copy of your CPS Certificate*)

Are you a Certified Recovery Specialist? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of certification: \_\_\_\_\_ (*Please attach a copy of your CRS Certificate*)



**SECTION 3: INTEREST AND INVOLVEMENT** (*Please briefly answer the following questions.*)

**1. Interest & Involvement:**

- A. Do you have experience with the criminal justice system? (As a CPS and/or CRS, have you yourself had personal contact with the criminal justice system?) What is your current involvement? For example, do you serve on a county CJAB? Provide peer support to people who are navigating the criminal justice system? Please explain to whatever degree you feel comfortable.
- B. Does your county of residence have a Criminal Justice Advisory Board (CJAB)? If so, is there mental health representation on the CJAB?
- C. Please share your knowledge or experience of your county mental health system and/or Drug and Alcohol system. (We ask this so that you begin to think about how you will use the info in this training and what will you do to bring the information you gain back to your county.)
- D. What types of experiences have you had in assisting, or advocating for, individuals involved in the criminal justice system or other people living with mental health and/or drug and alcohol issues? (for example, support group leadership, WRAP, self-advocacy, programs you started, etc.)?



#### SECTION 4: ADDITIONAL IMPORTANT INFORMATION

1. Accommodation Request:
  - a. Do you need a specific accommodation to enhance your participation during the training (including linguistic needs, dietary restrictions, access, etc.)? If so, please be specific when listing them here. (**Note:** *this has no bearing on the selection process.*)
  
2. In case of an emergency: (Please list two people we can call if you have an emergency occur during the training):
  - 1) Emergency Contact #1:
    - a. Name:
  
    - b. Relationship to you:
  
    - c. Phone number(s):
  
  - 2) Emergency Contact #2:
    - a. Name:
  
    - b. Relationship to you:
  
    - c. Phone number(s):

#### SECTION 5: SUBMISSION

**Please print your name, sign, and date.**

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax (717-564-4708), or mail to:

**PMHCA**  
4105 Derry St.  
Harrisburg, PA 17111  
Email: [pmhca@pmhca.org](mailto:pmhca@pmhca.org)  
Phone: (717) 564-4930 | Fax: (717) 564-4708

#### **- IMPORTANT APPLICATION POINTERS-**

Completed Application **and** CPS and/or CRS certification verification must be **postmarked, faxed** or **submitted online** [www.pmhca.org](http://www.pmhca.org) by designated deadlines. **Late applications will not be considered.**

***If faxing your application, be sure to write your name at the top of each page and include a cover page to ensure that your entire application is kept together.***

**Specific information about building locations, parking, payment and training times will be sent upon notification of acceptance for training.**

**Applicants will be notified whether they were accepted into the training by April 13, 2017.**