



“PEER SUPPORT WITHIN THE CRIMINAL JUSTICE SYSTEM TRAINING”

APPLICATION FOR PARTICIPATION

This **3-day training** with priority given to those who have lived experience in the criminal justice system.

This training is funded by Alameda County Behavioral Health Care Services Office of Consumer Empowerment Pool Of Consumer Champions program. Continental breakfast and lunch will be provided. You are responsible for your own travel. *Attendance for all three days is required. * **Application Deadline: Thursday, Oct 11, 2019** training date is **Nov. 6-8, 2019**

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): _____

Check the primary population you work with:

_____Veterans _____Forensics _____Transition Age Youth _____Adults including 55 and over

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

Are you a Peer Specialist? _____ Yes _____ No

What trainings have you received? _____

(Please attach copies of your training Certificates)



SECTION 3: INTEREST AND INVOLVEMENT (*Please use additional paper to answer the following questions, if needed*)

1. Interest & Involvement:

- A. Have you yourself had personal contact with the criminal justice system? Do you provide peer support to people who are navigating the criminal justice system? Please explain to whatever degree you feel comfortable.

- B. Please share your knowledge and experience of Alameda county mental health 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.)

- C. In addition to the certified forensic peer specialist training, are you interested in becoming a Forensic Peer Specialist Trainer? If selected, will you be available on April 9, 10, and 11 for the advanced training?

- 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: SUBMISSION

Please print your name, sign, and date.

Printed name: _____

Signature: _____ Date: _____

Please or e- mail to:

POCC/Office of Consumer Empowerment
2000 Embarcadero Cove, Suite 400 Box 80
Oakland, CA 94606
Email: Mary.Hogden@acgov.org
Phone: (510) 639-1338

- IMPORTANT APPLICATION POINTERS-

Completed Application must be **postmarked** by designated deadline (Oct. 11, 2019). **Late or incomplete applications will not be considered.**

Please be sure to write your name at the top of each page to ensure that your entire application is kept together.

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

Applicants will be notified whether they were accepted into the training by Oct 18, 2019.