



Community Health Worker Off-site Training Application

***Incomplete applications will be shredded. \$35.00 Application Fee is non-refundable and due at time of application submission. Please also submit the CHW Application Checklist with this application. You will need to consult with hosting organization for tuition payment and arrangements.**

Date of Application: _____	
First Name: _____	Last Name: _____
Home Address: _____	
City: _____ State: _____ Zip Code: _____ County: _____	
Driver's License Number, Social Security Number or Green Card Number: (All applicants must submit <u>one copy</u> of identification with application) _____	
Primary Phone: () _____	Secondary Phone: () _____
Personal Email Address (REQUIRED): _____	
Are you a U.S. Veteran? (Circle) Yes or No	Branch of Service: _____
Are you a current resident of Indiana? (Circle) Yes or No	
Are you over the age of 18? (Circle) Yes or No	
Do you speak any other languages other than English? If yes, please list other languages: _____	
How did you hear about us? <ul style="list-style-type: none">• CHW/CRS Website• CHW/CRS Listserv• Community Health Worker Coalition• Other _____ (Please specify)	



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Have you completed any other type of Peer Support Specialist Training? (Circle) Yes or No

If yes, please list which training: _____

Are you signing up to attend the CHW training located at Bethel College? (Circle) Yes or No

Are you currently employed? (Circle) Yes or No

If yes, where: _____

County of employment: _____

Position Title: _____

Are you currently employed within a mental health or addiction related agency? (Circle) Yes or No

Are you currently employed as a Community Health Worker? (Circle) Yes or No

How many years of experience do you have working in the Mental Health Field? _____

How many years of experience do you have working in the Addiction Field? _____

How many years of experience do you have working as a Community Health Worker? _____

Highest Level of Education: (Circle)

GED

High School Diploma

Associates Degree

Bachelor's Degree

Master's Degree

Doctorates Degree



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- Are you in recovery from a Mental Health Diagnosis (Other than a substance use disorder)?
(Circle) Yes or No

- Are you currently in recovery from a Substance Use Disorder? Yes or No

If you answered “yes” to either of these questions, you are eligible to apply for the Community Health Worker/Certified Recovery Specialist training. Please visit our website for more information at www.chwcrs.org

Do you intend to seek employment as a Community Health Worker once certified?
(Circle) Yes or No

To ensure a complete application, please also print and send in the application checklist document found on the website. Incomplete applications will be shredded.

Please mail \$35 application fee (money order only made out to ASPIN) and all documentation to:

ASPIN
CHW Program Coordinator
8440 Woodfield Crossing Boulevard
Suite 460
Indianapolis, IN 46240

We recommend that you keep a copy of this application for your records. You will receive an email acknowledging receipt of your application and fee. No phone calls, please.

Thank you!

Your signature _____ Date: _____