

PEER FACILITATOR TRAINING APPLICATION

DATE of Application:				
I AM MOST INTERESTED IN FACILITATING MEETINGS IN: (please circle)				
FRAMINGHAM	QUINCY	NORWOOD	ARLINGTON	
NAME:				
TOWN:		ZIP CODE:		
TEL:				
Home		Cell	Work	
E-MAIL:		FAX:		

A Peer Facilitator is someone with lived experience in mental health recovery or dual recovery (mental health and substance use) trained to develop and facilitate peer support groups in community locations, shelters and psychiatric hospitals with a co-facilitator. The group's format may be an open discussion meeting or recovery topic meeting that encourages empowerment through the sharing of experience, knowledge and resources. Peer Facilitators ensure safety, promote effective communication and model self-advocacy for group members. (A comprehensive job description will be available at the training). Every Facilitator receives a \$20 stipend for each group they facilitate.

• EXPERIENCE AS A GROUP FACILITATOR/LEADER/CHAIRPERSON IS HELPFUL. DO YOU HAVE EXPERIENCE IN ANY OF THESE ROLES? IF SO, PLEASE EXPLAIN THE TYPE OF GROUP AND THE AMOUNT OF TIME IN WHICH YOU WERE INVOLVED. (BE SPECIFIC)

• WHAT SKILLS AND ABILITIES DO YOU HAVE THAT WOULD MAKE YOU A GOOD PEER FACILITATOR?

• IN ONE OR TWO PARAGRAPHS, PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME A PEER FACILITATOR:

• HOW DO YOU THINK THE ROLE OF A PEER FACILITATOR IS <u>DIFFERENT</u> FROM THAT OF A GROUP THERAPIST, A TEACHER, A CHAIRPERSON OF A 12 STEP MEETING, OR SOMEONE TELLING THEIR RECOVERY STORY?

• What is the best way to contact you?

Mail or Fax Completed Application to: Metro Suburban Recovery Learning Community Quincy Mental Health Center 460 Quincy Avenue Activity Area B Attn: Carol Gapski Quincy, MA 02169 Telephone: 617.472.3237x304 (Toll-Free :) 888-RLC-5510 Fax: 617-786-7513 E-mail: cgapski@metrosubrlc.org