



Patti L. Walker, M.S.W.
President

Application for Peer Internship

South Central Peer Services (SCPS), a division of Continuum of Care, offers internships to people in long-term recovery from mental illness and/or substance abuse. Applicants with a history of substance use need to be consistently sober for at least one year prior to internship.

Please note that successful completion of the internship does not guarantee placement in a human services agency as a Recovery Support Specialist (RSS). However, SCPS presently employs 60 RSS and is always looking to expand.

A Recovery Support Specialist is someone who can share his or her own recovery experience and stories to assist people in early recovery to make progress in restarting their lives.

Attached is a reference form that must be filled out by someone that knows you and who is not a relative or friend.

Applicants MUST have a Driver's License and High School Diploma/GED to qualify for an internship.

Please attach a resume if you have one.

Name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Number of months or years in Recovery: _____ Are you a veteran? _____

Do you have a valid CT driver's license? _____ Are there any languages you speak fluently? _____

Have you been treated for a mental illness? _____

Have you received treatment for substance use? _____

How did you hear about this program? _____

Please list two references we can contact (in addition to the person filling out the attached form):

	1	2
Name	_____	_____
Address	_____	_____
Phone	_____	_____
Connection to you	_____	_____

Please take your time and answer the following questions thoughtfully.

1. What do you believe are the best ways to help motivate people towards recovery from mental illness and/or substance use?

2. Please tell us of your recovery path including challenges and obstacles you've overcome.

3. Tell us about any special skills or experience you have relating to mentoring or helping others.

4. What challenges do you believe you may face while doing peer work?

5. Tell us what you believe people need to do every day to maintain their recovery.

6. Tell us about a SPECIFIC experience in your past that helped make you who you are today.

By signing below, I agree that I understand that peer internships and RSS jobs often involve working with people who are currently using alcohol to excess or illegal substances and that people in early recovery often find dealing with such clients dangerous to their own recovery. I have thought carefully about this issue and I believe that I am capable of performing the requirements of this position without putting my recovery in danger.

I understand that as part of the Peer Internship application, Continuum will conduct a criminal background check and a drug test. Everything I have reported on this application is true and I agree that SCPS/Continuum can take reasonable steps to verify this information.

Applicant's Signature

Date

Please send your application to Elsa Ward, Assistant Director, via email, fax, or mail:

Email: eward@continuumct.org

Fax: (203) 498.4165

Mailing Address: 1079 Whalley Avenue, New Haven, CT 06515



Hello,

Thank you in advance for taking the time to complete the enclosed reference form.

The individual asking you to complete this form is interested in our Peer Internship Training Program at Continuum of Care that may lead to a job as a Recovery Support Specialist (RSS). Below, you will find a brief description of the program and the capacities that will be expected of the applicant. Your referral is a very important part of this application as it will be considered carefully when selecting interns.

South Central Peer Services selects participants that have a strong recovery and are seeking to use their growth and recovery to help others. The applicant needs to be strong enough in their own recovery to have the ability to cope with people in crisis or when needing help.

We train people through a rigorous course and a 96-hour site placement internship at various Continuum residences.

This program seeks individuals who:

- Are aware of stigma and willing to face the challenges of it
- Are willing and able to introduce themselves to a diverse range of individuals as a Peer
- Are able to complete at least a four (4)-hour shift of work
- Have a strong work ethic or willing to learn and utilize it
- Demonstrate flexibility and open-mindedness
- Have a willingness to self-disclose to clients about their own recovery
- Have insight into their own personal “triggers” and stressors and how they relate to the work
- Have the ability to understand and work with the Harm Reduction Model
- Will be motivated and dedicated to this training program

Please do not hesitate to call us at (203) 498-4160 if you have any additional questions.

Sincerely,

Edward Mattison
Director

Elsa Ward
Assistant Director



South Central Peer Services
Division of Continuum of Care
1079 Whalley Avenue, New Haven, CT 06515
(203) 498-4160 fax (203) 498-4165
www.continuumct.org

Reference Request

Date _____

Applicant's Name _____

Reference Provided by: (Name, Title, Agency, and Contact Number):

How long have you known the applicant? _____

In what capacity? (clinician, employer, doctor, etc.) _____

Please note this reference should NOT be from friends or family member.

Please evaluate this applicant using the scales below:

Flexibility (including ability to learn and to manager change):

Inflexible Somewhat Flexible Flexible Usually Flexible Very Flexible

Outlook (optimistic and growth-orientated):

Poor Outlook Fair Outlook Moderate Outlook Excellent Outlook

Reliability (work ethic: responsible, on-time, dedicated):

Unreliable Somewhat Unreliable Usually Reliable Very Reliable

Motivation (taking initiative, task-orientated, energy):

Unmotivated Some Motivation Moderate Motivation High Motivation

Self-Awareness (insight, ability to self-examine):

Not Self-Aware Rarely Self-Aware Moderate Self-Awareness Very Self-Aware

Recovery Focused (self-care, coping skills):

Poor Skills Some Skills Moderate Skills Excellent Skills

Please write a comment on why you believe this applicant would be a good Recovery Support Specialist should s/he be accepted into the Peer Internship Program.

Signature _____ Contact Number _____

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Thank you for your reference.