



RECOVERY COACH TRAINING

30-Hour CEU Course

**6-hour days for 5 Consecutive Saturdays July 15th, 22nd, 29th, Aug 5th, 12th
9am -3:30pm (Break for Lunch)**

Fee: \$250 Paid in full or \$350 Payment plan

****Registration Deadline July 11th***

**Wildermere Beach Congregational Church
133 Broadway, Milford CT 06460**

Recovery Coach Application Checklist and Instructions

Please check off that you understand each item in the checklist.
Only complete applications will be considered.

- Accepted application Form:** Applications that are (i) complete; (ii) use full names and not nicknames or initials; and (iii) are signed as required.
- Legibility:** Applications must be typed or handwritten legibly in blue or black ink.
- Manner of Delivery: Applications must be mailed or delivered in person with check or money order made out to the:**

**R.E.A.C.H. OUT Project
PO Box 2461
Milford, CT 06460**

Questions?

Contact Training Facilitator Carol Cruz 203-507-4223

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CCAR (Connecticut Community for Addiction Recovery)***



APPLICATION FOR RECOVERY COACH TRAINING

Please read the Application carefully before completing it.

Applicant Information		
Name: (Last, First, MI)		Date:
Street Address:		Apt./Unit:
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-mail Address
Best time to call:	Can we leave a message?	Are you at least 18 years old?
Do you have direct, lived experience with addiction, (e.g. person in recovery, ally, professional, family member) for the benefit of others? Yes _____ No _____ Please explain.		
You must also be willing to use your lived expertise as part of your role as a Recovery Coach.		
Do you meet this requirement? Yes _____ No _____		
Please answer the following questions to the best of your ability. This is not a "test" about right and wrong answers. Your responses will help us get to know you. Write your answers on a separate piece of paper and submit them along with this application. If you handwrite your answers, please make sure they are readable.		
1. Why do you want to become a Recovery Coach?		
2. What makes you a good candidate for the role of a Recovery Coach?		
3. Please provide an example of how you would assist or advocate for a person experiencing addiction issues?		
4. What experiences other than "traditional" addiction services have been important in your recovery journey?		
5. A chief role of a Recovery Coach involves the ability to engage with people. Please describe your ability to connect and engage with people from diverse backgrounds and experiences?		
Education		
Do you have a High School Diploma or GED equivalent ? Yes _____ No: _____	Do you have a college or other degree? Please include university or college name and area of concentration.	
Have you ever taken any college or university courses or other courses? If yes, please list any relevant courses.		
Paid or Volunteer Work Experience		
Company:	Phone:	
Address:		

Job Title:	From:	To:
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Responsibilities:

Relevant Skills

Company:	Phone:
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Address:

Job Title:	From:	To:
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Responsibilities:

Relevant Skills

Please List the trainings that you have attended that may be relevant to your role as a Recovery Coach

Training Attended	Topics Covered	Date (s)	Who Provided the Training?

Disclaimer and Signature

Please initial all items below to indicate your understanding of each:

____ I certify that I have direct lived experience (e.g. person in recovery, ally, professional, family member) and that these experiences have seriously impacted my life and relationships for an extended time.

____ I understand that participating in the Recovery Coach training DOES NOT guarantee me employment or a volunteer position.

____ I understand that it is the responsibility of the agency where I am hired to conduct background checks based on their established criteria. R.E.A.C.H. OUT Project does not perform background checks. Having the Recovery Coach certificate of completion is not a State Certification and DOES NOT guarantee employment by an agency.

____ I understand the payment schedule and agree to pay the payments necessary to obtain a Recovery Coach certificate of completion.

____ I understand that any false or misleading information in my application may result in my dismissal from the Recovery Coach Training.

I certify that my answers are true and complete to the best of my knowledge.

Signature:	Date:
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Voluntary Equal Opportunity Form

In an effort to ensure that our class is as diverse as possible, we are interested in the following information:

Gender Expression:

Male ____ Female ____ Transgender ____ Other: ____

Race/Ethnic Data: Select all that apply.

_____ Black not of Hispanic origin (persons having origins in any of the black racial groups of Africa)

_____ Hispanic (persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race)

_____ White not of Hispanic origin (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)

_____ American Indian or Alaskan Native (persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition)

_____ Asian or Pacific Islander (persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa)

_____ Other _____

Military Service:

Are you a veteran, a spouse of a veteran or an unmarried surviving spouse of veteran?

Yes ____ No ____

If you are a veteran, were you discharged honorably or released under honorable conditions?

Yes ____ No ____

Age Group:

18-25 ____ 26-39 ____ 40-55 ____ 56-65 ____ 66+ ____

Recovery Coach Code of Ethics

Recovery Coaches acknowledge and follow these ethical statements. The principles below will guide me in my role as a Recovery Coach, as well as in my relationships and levels of responsibility in which I function.

1. My primary obligation and responsibility is my recovery. I will immediately contact my supervisor if alcohol, drug use, or anything else gets in the way of my recovery
2. Recovery is guided by self-determination. I will assist others in achieving their needs and goals. This includes advocating for the decisions of the peers regarding professional and other services.
3. I will support the Faces and Voices of Recovery Bill of Rights for each person that I serve.
4. I advocate for the integration of peers into self-selected recovery communities and will promote the individual's inherent value to those communities.
5. I will act in accordance with the law.
6. I will affirm the dignity of each person that I serve.
7. I will provide recovery services regardless of someone's age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status or mental or physical condition. If differences that impact the motivation for recovery occur, I will seek consultation and, if necessary, make a referral to another recovery support.
8. I will never use physical force, verbal or emotional abuse; intimidate, threaten, harass, or make unwarranted promises of benefits.
9. I will share my lived experiences to help others identify resources and supports that promote recovery.
10. I will respect the privacy of those I serve and I will abide by confidentiality guidelines as required by the law.
11. I will never engage in sexual or intimate relations with peers that I serve.
12. I will not accept gifts of significant value from people that I serve.
13. I will not lend to, or borrow from, the peers that I serve.
14. I will improve my recovery service knowledge and skills through ongoing education, training and supervision.