



Recovery Communities of North Carolina

RECOVERY COACH ACADEMY

~APPLICATION~

**Contact information:**

- Name
- Mailing Address
- Phone number
- Email

**If applicable, what organization do you work with:**

Your role (volunteer/staff/intern):

**Recovery status: check one**  **In recovery**  **family member**  **friend/ally**

**Briefly describe your personal experience with addiction recovery:**

**Explain why you are interested in Recovery Coach training and how you will use it:**

**If applicable, please explain why your organization is interested in Recovery Coach training:**

**How will Recovery Coaching be used in the delivery of services?**

**In a few sentences, describe how your agency is well qualified to integrate the use of peer recovery coaches at this time.**