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| Recovery Communities of North Carolina  RECOVERY COACH ACADEMY & TRAINING OF TRAINERS  ~APPLICATION~ | | |
| Contact information: | | |
| * Name |  | |
| * Mailing Address |  | |
| * Phone number |  | |
| * Email |  | |
| If applicable, what organization do you work with: | |  |
| Your role (volunteer/staff/intern): | |  |
|  | | |
| Briefly describe your personal experience with addiction recovery: | | |
|  | | |
| Explain why you are interested in Recovery Coach training and how you will use it: | | |
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| If applicable, please explain why your organization is interested in Recovery Coach training: | | |
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| 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. | | |
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| Questions for Training of Trainers Applicants | | |
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| Please describe your training qualifications and give examples of the trainings you have delivered: | | |
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| Please describe how your organization will use your ability to train Recovery Coaches: | | |
|  | | |
| Please provide two references: | | |
| Reference 1 |  | |
| * Name |  | |
| * Organization |  | |
| * Phone number |  | |
| * Email |  | |
| Reference 2 |  | |
| * Name |  | |
| * Organization |  | |
| * Phone number |  | |
| * Email |  | |