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| Recovery Communities of North CarolinaRECOVERY 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: |
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| 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?  |
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| 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: |
|  |
| Please describe how your organization will use your ability to train Recovery Coaches: |
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| Please provide two references:  |
| Reference 1 |  |
| * Name
 |  |
| * Organization
 |  |
| * Phone number
 |  |
| * Email
 |  |
| Reference 2 |  |
| * Name
 |  |
| * Organization
 |  |
| * Phone number
 |  |
| * Email
 |  |