

April 19, 2017

Dear Applicant,

Thank you for your interest in the **Peer Specialist Mental Health Certificate Advanced Course**, which is operated by Richmond Area Multi-Services, Inc. (RAMS), with funding from the Mental Health Services Act. We are currently seeking applicants for the Summer 2017 Cohort, with the course set to begin on June 15, 2017.

This 8-week course is being offered to support and educate participants who would like to obtain specialized peer counseling training and professional development in a collaborative learning environment. The course is designed to equip participants with knowledge, build skills and increase confidence and competence in providing quality, client-centered peer counseling and support services, as well as allow opportunity for advancement in peer counselor/specialist roles in the behavioral health system of care. The Advanced Course is offered twice annually. In order to qualify for this course, please note that you must meet the following requirements:

- At least 18 years of age,
- Resident of San Francisco,
- Have successfully completed at least a High School education or GED, and
- Be able to attend classes, which are held on Tuesdays and Thursdays (3:00pm-6:00pm) at 835 Market Street
- This program is funded by MHSA through San Francisco Behavioral Health Services. As such, the course is targeted to individuals (and family members) with lived experience, and/or that have accessed behavioral health services.
- Individuals with current or past education, training and work experience as peer providers, and/or community advocates & volunteers in the behavioral health field are **highly** encouraged to apply.

To apply, RAMS must receive your *completed* application, copy of proof of San Francisco residency (Driver's License or CA State ID), a copy of your diploma or transcript (official/unofficial), your personal statement, and a current resume OR completion of the included employment/volunteer history form (not required but highly preferred), no later than **Friday, May 26 @ 5:00pm**. Applications may be dropped off OR mailed to: RAMS Peer Wellness Center, 1282 Market Street, San Francisco, CA 94102 (attn: Peer Specialist MH Certificate) OR scanned & emailed to [certificate@ramsinc.org](mailto:certificate@ramsinc.org) OR faxed to 415.941.7313. Notification of application status will be sent to the mailing/email address(es) noted on the application. Below is a summary of the application and notification timeline:

Program Informational Open Houses <small>*attendance is not required, but is recommended.</small>	TBD
<b>Application Due Date</b>	<b>Friday, May 26, 2017</b>
Notification of Application Status	Friday, June 2, 2017
First Day of Instruction	Thursday, June 15, 2017
Graduation	Tuesday, August 8, 2017

The program respects your privacy and adheres to the confidentiality rules and regulations that apply. Your application's information will not be shared with anyone without your prior consent. Should you have any questions, please feel free to contact Kristin Snell at (415) 579-3021 x102 or at [certificate@ramsinc.org](mailto:certificate@ramsinc.org). Thank you again for your interest in the Peer Specialist Mental Health Certificate Program.

**\*\* CONFIDENTIALITY NOTICE:** This document (including any attachments) contains confidential and privileged information. Unless you are the addressee (or authorized to receive for the addressee), you may not read, copy, distribute, or disclose any information contained in this document. If you have received this in error, please immediately advise the sender, and permanently destroy all copies of the document and any attachments. Thank you for your cooperation.

**RAMS Peer Specialist Mental Health Certificate  
Summer 2017 Advanced Course Application (Please Print Clearly)**

**\*\*\* To apply for this certificate course, you must be able to attend class Tuesdays and Thursdays from 3PM-6PM from June 15, 2017 to August 8, 2017.**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail address \_\_\_\_\_

Phone number where we can call you \_\_\_\_\_ Best time to call you \_\_\_\_\_

**\*\* Please attach proof of San Francisco Residency with the application (e.g. Driver's License or CA State ID).**

**How did you hear about this program?**

\_\_\_\_\_

**Have you or a family member (currently or in the past) accessed behavioral health services (such as, received social services, talked to a counselor or case manager, utilized employment services, enrolled in vocational training program, or a similar service from a San Francisco community agency)?**

\_\_\_\_\_

**Other than English, please list all the languages you speak well enough to potentially provide services in:**

\_\_\_\_\_

**Check the box that reflects your highest level of education completion:**

- High School diploma     GED/High School Equivalency
- Associate Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)
- Bachelor's Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)
- Master's Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)

**\*\* Please attach a copy of one piece of education verification (one diploma, GED or transcript (official or unofficial)). You do not need to include verification from each school/institution attended. If you need help obtaining the transcripts, please contact us by phone at 415.579-3021 x102 or by email at [certificate@ramsinc.org](mailto:certificate@ramsinc.org).**

Please list two professional or personal references (example: professional – last employer, former teacher, etc.; personal reference – neighbor, friend, roommate, etc.). Please inform your references that we may be contacting them.

Name	How do you know them?	Contact Information (email and/or telephone number)

**\*\* Please attach a personal statement to the application.** In your personal statement, please tell us about each of the following (up to four pages typed or eight pages handwritten):

- About yourself
- Reasons why you want to take this course, and how you hope to utilize the learned skills to contribute to the counseling field
- Current or past education, training and work experience (including volunteer and advocacy) in the peer counseling and/or behavioral health field
- In order to be able to support others in their recovery, it is important for the peer provider to be actively engaged in her/his own recovery. Please describe what wellness and recovery mean to you.
- It takes a lot of commitment to complete this course; what challenges might you anticipate for yourself and how could you manage them?

**\*\* Please read and initial each paragraph, then sign below.**

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true & correct to the best of my knowledge and ability. \_\_\_\_\_ (Initial)

I permit the Peer Specialist Mental Health Certificate Program to contact the references I provided. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure. \_\_\_\_\_ (Initial)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Application Packet Checklist**

I have included all of the following in my application:

- Completed Application Form, including initials and signatures at places indicated
- High School / College Diploma and/or Transcript OR
- In process of obtaining transcript/diploma/proof of GED from:
  - Name of school/institution: \_\_\_\_\_
  - When we should be expecting the document? \_\_\_\_\_
- Proof of San Francisco Residency (copy of driver's license or state ID)
- Personal Statement (up to four pages typed and eight handwritten)
- Current resume or completed employment and volunteer history form (*highly* encouraged, not required)

To apply, RAMS must receive your application packet no later than **Friday, May 26, 2017 @ 5PM.**

1. Drop off or mail to: RAMS Peer Wellness Center c/o Peer Specialist MH Certificate, 1282 Market Street, San Francisco, CA 94102 **or**
2. Email a scanned copy of the application packet to [certificate@ramsinc.org](mailto:certificate@ramsinc.org) **or**
3. Fax the application to RAMS Peer Division fax number: 415.941.7313.

You will be contacted regarding the course at the address, phone number, or email you provided. If you have any questions or need help with this application, please contact us at 415.579.3021 x102 or [certificate@ramsinc.org](mailto:certificate@ramsinc.org).

## Employment, Volunteer & Advocacy History

Completion of this form is not required, but is *highly* encouraged

*\*If including a resume with your application, you may skip completing this form and note "see attached resume"*

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### EMPLOYMENT

*Please list current and/or previous employment in REVERSE chronological order, with current or most recent employment first.*

Company: \_\_\_\_\_ Years employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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### VOLUNTEER & ADVOCACY

*Please list current and/or volunteer activities in REVERSE chronological order, with current or most recent activities first.*

Organization: \_\_\_\_\_ Years: \_\_\_\_\_

Area of Focus: \_\_\_\_\_

Activities completed: \_\_\_\_\_

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Area of Focus: \_\_\_\_\_

Activities completed: \_\_\_\_\_

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Organization: \_\_\_\_\_ Years: \_\_\_\_\_

Area of Focus: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Area of Focus: \_\_\_\_\_

Activities completed: \_\_\_\_\_

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Area of Focus: \_\_\_\_\_

Activities completed: \_\_\_\_\_

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Name: \_\_\_\_\_

**\*\* OPTIONAL DEMOGRAPHIC INFORMATION \*\***

This information is for data collection purposes only. The Certificate Program respects your privacy and we are bounded by the confidentiality rules and regulations that apply.

<p><b>Race/Ethnic Background (check all that apply):</b></p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> Hispanic, Latino/a, or Spanish Origin Please Specify: _____</p> <p><input type="checkbox"/> Native American or Alaska Native</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian (e.g. Hmong, Thai, Pakistani, Cambodian, etc) Please Specify: _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander (e.g. Fijian, Tongan, etc) Please Specify: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Sexual Orientation:</b></p> <p><input type="checkbox"/> Heterosexual: Opposite Sex</p> <p><input type="checkbox"/> Lesbian: Female/Female</p> <p><input type="checkbox"/> Gay: Male/Male</p> <p><input type="checkbox"/> Bisexual: Both Male &amp; Female</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Gender:</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender (Female to Male)</p> <p><input type="checkbox"/> Transgender (Male to Female)</p> <p><input type="checkbox"/> Other: _____</p>
<p><b>Age:</b></p> <p><input type="checkbox"/> 18 y.o.-24y.o.   <input type="checkbox"/> 25 y.o. -59 y.o.   <input type="checkbox"/> 60+ y.o.</p>	
<p><b>Primary Language:</b> _____</p> <p><b>Other Languages/Dialects Spoken:</b> _____</p> <p><b>Country of Birth:</b> _____</p> <p><b>Year of Entry into the U.S.:</b> _____</p>	