

**Division of Peer-Based  
Services**  
**9-Month Internship Program**

The RAMS Peer Internship is a 9-month, 20 hours/week, paid (\$14.00/hour) program for individuals with lived experience who are consumers of behavioral health services, former consumers, family members of a consumer, and/or peer providers already working or volunteering in the field of behavioral health services.

The Internship Program helps individuals learn to appropriately and effectively utilize their lived experience in behavioral health settings to benefit the wellness & recovery of clients/participants being served.

Our internship schedule provides a supportive entry into the workforce for those looking to fortify Peer Counseling skills, build community & network, and gain more knowledge of behavioral health services.

Peer Interns provide direct client services and resource linkage in a variety of settings during the course of scheduled rotations, including but not limited to: community-based clinics, wellness and drop-in centers, treatment programs, and resource centers. Roles and responsibilities may include group co-facilitation; helping clients access and navigate community-based services; and individual peer-to-peer support.

The Internship Program offers a collaborative learning and peer-supported environment, in which Peer Interns work with other Peer Practitioners throughout the 9-month program. Peer Interns will receive weekly group supervision from the RAMS Peer Internship Coordinator; regular individual supervision from a site supervisor; and trainings each month provided by RAMS for additional professional development. Previous intern trainings have included Ethics and Boundaries, Group Facilitation, Motivational Interviewing, Conflict Resolution, and many more.

For more information, please feel free to contact us at (415) 579-3021 or [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).

Thank you for your interest in the Peer Internship Program.

**RAMS PEER INTERNSHIP PROGRAM**  
1282 MARKET STREET  
SAN FRANCISCO, CA, 94102  
TELEPHONE : (415) 579-3021  
FAX: (415) 941-7313

To apply, RAMS must receive your *completed* application, **current résumé**, copy of proof of San Francisco residency (Driver's License or CA State ID), a copy of your most recent diploma or transcript (official/unofficial), and your personal statement by **July 14<sup>th</sup> 2017 at 5:00pm**. Applications may be dropped off **or** mailed to: **RAMS c/o Peer Internship Program 1282 Market Street San Francisco, CA 94102** OR scanned & emailed to

**[peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org)**.

Notification of application status will be sent to the mailing/email address noted on your application. For the Fall Peer Internship Program, RAMS will accept nine (9) applicants. Below is a summary of the application and notification timeline:

**APPLICATION DUE DATE:**

**July 14, 2017 by 5:00pm**

**Notification of Application Status**

**Week of August 14<sup>th</sup>, 2017**

**Registration Forms Due Date**

**August 23, 2017**

**Internship Start Date**

**September 5, 2017**

**\*\* 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.

**In order to qualify for this internship, 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,
- Be able to work 20 hours/week in a behavioral health care setting, AND
- Commit to the nine months of the internship

**This program is funded by MHSa and other sources through San Francisco Community Behavioral Health Services. As such, the Internship Program's mission is to provide opportunities for individuals with lived experience with Community Behavioral Health System of Care, and/or their family members.**

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 us at (415) 579-3021 or [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).



**\*\* 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.



**Division of Peer Based Services – Peer Internship Program  
2017 Application Form (Please Print Clearly)**

Name \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Have you or a family member (currently or in the past) had personal experience with community behavioral health services in San Francisco (such as, received 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: \_\_\_\_\_)

**\*\* Attach a copy of your most recent diploma or transcript (official or unofficial). If you need help obtaining the transcripts, please contact us by phone at 415.579.3021 or by email [peerinternship@ramsinc.org](mailto:peerinternship@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 become a Peer Intern
- How you hope to utilize the skills you learn to contribute to the counseling 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 & recovery mean to you.
- It takes a lot of commitment to complete this internship; 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 Internship 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:

- Current resume
- 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: \_\_\_\_\_
  - What steps you have taken to obtain the document? \_\_\_\_\_
  - 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 or eight pages handwritten)

To apply, RAMS must receive your *completed* application packet no later than **July 14, 2017 at 5pm:**

1. Drop off or mail to: RAMS c/o Peer Internship Program, 1282 Market Street, San Francisco, CA 94102 or
2. Email a scanned copy of the application packet to [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org)

You will be contacted regarding your application status at the address, phone number, or email you provided. If you have any questions about this application, please contact us at 415.579.3021 or [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).

**\*\* 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.

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

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

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

**Race/Ethnic Background (check all that apply):**

- White/Caucasian
- African American/Black
- Hispanic, Latino/a, or Spanish Origin  
Please Specify: \_\_\_\_\_
- Native American or Alaska Native       Asian Indian
- Chinese       Filipino
- Japanese       Korean
- Vietnamese
- Other Asian (e.g. Hmong, Thai, Pakistani, Cambodian, etc.)  
Please Specify: \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (e.g. Fijian, Tongan, etc.)  
Please Specify: \_\_\_\_\_
- Middle Eastern  
Please Specify: \_\_\_\_\_
- Other: \_\_\_\_\_

**Sexual Orientation:**

- Heterosexual: Opposite Sex
- Lesbian: Female/Female
- Gay: Male/Male
- Bisexual: Both Male & Female
- Unsure
- Other: \_\_\_\_\_

**Gender:**

- Male
- Female
- Transgender (Female to Male)
- Transgender (Male to Female)
- Other: \_\_\_\_\_

**Age:**

- 18 yr. -24yr.     25 yr. -59 yr.     60+ yr.

**Primary Language:** \_\_\_\_\_

**Other Languages/Dialects Spoken:**

**Country of Birth:** \_\_\_\_\_

**Year of Entry into the U.S:** \_\_\_\_\_