

**PEER ASSOCIATE LEADERSHIP and SUPPORT (PALS) PROGRAM**

**Peer Pal Application**

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Best time to reach you by phone \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

PLEASE NOTE THAT ALL OF YOUR ANSWERS WILL BE HELD IN STRICT CONFIDENCE.

How did you hear about the Peer PALS program?

Why are you interested in being a Peer Pal?

Have you completed the NAMI Peer-to-Peer Recovery Education program, the Peer Mentor program through the College of San Mateo, or do you have any other special training which might be useful for our program? If so, please describe:

Please describe any experiences you have had working with people?

What are some of your recreational interests?

What are some of your favorite activities or hobbies?

How do you rate how isolated you feel now? Not at all isolated 1 2 3 4 5 Extremely Isolated

Using the following list please circle 3 to 7 words which best describe you. Please add any other qualities or characteristics that you would like us to know about

- |                    |                     |                 |                    |
|--------------------|---------------------|-----------------|--------------------|
| <b>considerate</b> | <b>sensitive</b>    | <b>cheerful</b> | <b>spontaneous</b> |
| <b>homebody</b>    | <b>ambitious</b>    | <b>reserved</b> | <b>easygoing</b>   |
| <b>responsible</b> | <b>intellectual</b> | <b>casual</b>   | <b>open</b>        |

**generous      honest      warm      careful**  
**independent      private      organized      proud**

Some peers are likely to want a peer pal in their age range. With that in mind we ask you to indicate your age range:

18-28\_\_ 29-35\_\_ 35-45\_\_ 45-55\_\_ over 55\_\_

Some peers may also want a peer pal who has the same, or similar diagnosis, thereby having a better understanding of what they're going through. With that in mind, please indicate your diagnosis (this is optional, but we want to make the best matches for our peers):

Bi-Polar\_\_ Major Depression\_\_ Schizophrenia\_\_ PTSD\_\_

Other\_\_\_\_\_

Can you commit to following the job description and to a six month match with your peer?

Yes\_\_\_ No\_\_\_ Not Sure\_\_\_\_\_

Please explain if your answer is "Not Sure"

What kind of transportation will you use to visit your peer? Own car\_\_\_\_\_ Bus\_\_\_\_\_

Other (please describe)\_\_\_\_\_

Are there any substance abuse issues that might influence your ability to work with your peer pal?  
If so, how are you handling them?

Do you smoke? \_\_\_ Yes \_\_\_ No

How many days out of the last year did you spend in an acute care psychiatric facility as an in patient?

How do you rate how you feel about your recovery? Very Hopeful 1 2 3 4 5 Not at all hopeful

Comments?

**THANK YOU!**

Mail your completed application to:

David De Tata  
Peer PALS Coordinator  
NAMI SCC  
1150 South Bascom Avenue Suite 24  
San Jose, CA 95128  
or email [peerpals@namisantaclara.org](mailto:peerpals@namisantaclara.org)

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## **PEER ASSOCIATE, LEADERSHIP, and SUPPORT PROGRAM (PALS)**

### **Peer Pal Job Description**

#### **PEER PALS**

Meet with their peer once a week and also make phone contact with their peer at least twice a week.

Model healthy recovery for their peers, provide support and companionship, and encourage their peer to engage in a fuller life. They are friends and mentors for their peers, but do not serve as therapists.

Attend an introductory meeting/training with other peer pals, Peer PALS advisor, and Peer PALS coordinator and monthly training and support meetings with peer associates, the Peer PALS advisor, and Peer PALS coordinator.

Become on payroll for a bi-weekly stipend for their contribution as a Peer Pal and time spent in trainings.