

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

considerate	sensitive	cheerful	spontaneous
homebody	ambitious	reserved	easygoing
responsible	intellectual	casual	open

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

Rev Date: 1/27/2012

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.