

Community Peer Program

Peer Connector Application



Santa Clara County

PLEASE NOTE ALL ANSWERS WILL BE HELD IN STRICT CONFIDENCE.

Only a person with a mental health condition may request a Peer Connector. NAMI Community Peer Program does not accept referrals to the program from family, friends, or mental health professionals.

Name: _____ Date: _____

Email: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Have you been hospitalized in the last year? _____ If yes, please tell us where:

Emergency Contact

Name: _____ Phone: _____

The following questions will help us know you better to the best match possible.

How did you hear about the Community Peer Program?

How would you describe yourself? What are some of your strengths? What are some of your shortcomings?

Have you completed the NAMI Peer-to-Peer Education Program? If so, when did you take it.

How do you take care of yourself? What do you do for wellness and recovery?

Please describe any experiences you have had working with people.

Can you commit to following the job description and up to a 4-month match with your participant?

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.)

Do you smoke? Yes No

Why are you interested in being a Peer Connector?

Do you have any physical limitations, medical conditions, or dietary restrictions? If yes, please describe below:

Please add any comments or questions below:

MAIL YOUR COMPLETED APPLICATION TO:

*Community Peer Program
NAMI Santa Clara County
1150 South Bascom Avenue, Suite 24
San Jose, CA 95128*

Email: CPP@namisantaclara.org