



Recovery Support Network

Transitional Housing for Women in Washington County

P.O. Box 63 • Machias, Maine 04654 • 207-263-6272

www.recoverysupportnetwork.org • info@recoverysupportnetwork.org

Application for April 11-15, 2010 Recovery Coach Training – Machias, ME

_____ First Name	_____ MI	_____ Last Name	_____ Date
F M			
_____ Gender	_____ Birth Date	_____ Preferred Contact Method	
_____ Street Address		_____ Town	_____ Home Telephone
			_____ Cell Phone #
_____ Mailing Address		_____ Town	_____ Email Address

If you have any special needs to be accommodated in order for you participate in training, please share:

Are you *presently* a member of Recovery Support Network? Yes No

Would you *like to join* Recovery Support Network as a member? Yes No

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Are you willing to commit forty (40) hours of volunteer work with Recovery Support Network within one year of completing this training? **Yes** **No**

NOTE: Satisfactory completion of this training will result in your having being trained as a Recovery Coach. It will not guarantee future participation as a residential recovery coach in Recovery Support Network's transitional housing program.

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If you are not able to participate in this week long forty-hour training event, would you be interested in completing Recovery Coach training at another time or in another time format? **Yes** **No**

If so, please indicate type of time frames preferred:

Weeklong Monday - Friday

Evenings, twice weekly				
Mon	Tue	Wed	Thu	Fri

Saturdays 4 hours or 8 hours
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Other time distributions: _____

Recovery Support Network Recovery Coach Training Application

Please answer the following questions.

What is your understanding of recovery?

Why are you interested in attending this Recovery Coach Training?

How do you plan to apply the knowledge and skills gained by your participation in this training?

For more information about Recovery Support Network, this training, or this application, please contact us at:

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