



**Mission:** “...To provide a sustainable and reliable community recovery center that supports the needs of people affected by addiction”.

## Application to Become a Recovery Coach

### **What is a Recovery Coach?**

Recovery coaching (also known as peer mentoring) is a strength based support for those seeking or in recovery from addictions provided mainly by people who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. It is a partnership wherein the person in or seeking recovery self-directs his/her own path toward the goal of recovery while the coach provides expertise in supporting success in that change.

### **Who are the Recovery Coaches?**

#### **They will-**

- Help initiate and sustain individuals in their recovery from addiction;
- Promote recovery by helping to remove barriers and obstacles to recovery;
- Serve as a personal guide and for people who are seeking or are already in recovery including but not limited to — harm reduction, detox, treatment, family support and education, local or on-line support groups, etc.;
- Help individuals find ways to stop using (abstinence), or reduce the harm associated with addictive behavior.

Recovery coaches support positive change by helping anyone including persons coming home from treatment or the criminal justice system to avoid relapse and build community support for their recovery.

#### **What Recovery Coaches do NOT provide-**

- They do not provide clinical treatment however, they may assist the individual to access those clinical services;
- They do not provide treatment or diagnosis of any addiction or mental health issue; .
- They do not provide monetary support but may assist individuals in finding those resources in the community.

## Participant Information

First Name: _____		Last Name: _____	
DOB (MM/DD/YY): _____ / _____ / _____			
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Nonbinary		<input type="checkbox"/> Other: _____	
Orientation: <input type="checkbox"/> Straight		<input type="checkbox"/> Lesbian	
<input type="checkbox"/> Gay		<input type="checkbox"/> Bisexual	
<input type="checkbox"/> Queer		<input type="checkbox"/> Other: _____	
Relationship to Recovery: <input type="checkbox"/> Peer		<input type="checkbox"/> Family/Loved One	
<input type="checkbox"/> Ally			
Referred by:		Reason for Referral:	

### Contact

<i>STREET ADDRESS</i>		<i>CITY</i>	
<i>STATE</i>		<i>ZIP CODE</i>	
<i>EMAIL</i>			
Home Phone: _____ - _____ - _____		Cell Phone: _____ - _____ - _____	
Can we leave voicemail messages? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which is your preferred communication method? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone			
Who do you currently live with? <input type="checkbox"/> Spouse <input type="checkbox"/> Parent(s) <input type="checkbox"/> Family <input type="checkbox"/> Girlfriend			
<input type="checkbox"/> Boyfriend <input type="checkbox"/> Friend <input type="checkbox"/> None <input type="checkbox"/> Other			
What do you currently live in?			
<input type="checkbox"/> Own/Rent House		<input type="checkbox"/> Other's Home	
<input type="checkbox"/> Own/Rent Apartment		<input type="checkbox"/> Other's Apartment	
<input type="checkbox"/> Oxford House		<input type="checkbox"/> Recovery Housing	
<input type="checkbox"/> Other Group Housing		<input type="checkbox"/> Hotel/Motel	
<input type="checkbox"/> Shelter		<input type="checkbox"/> Place not for habitation	
<input type="checkbox"/> None		<input type="checkbox"/> Other	
(car, abandoned building, subway, outside etc)			

### Demographics

Race: <input type="checkbox"/> White		<input type="checkbox"/> Hispanic, Latino, Spanish Origin		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian		<input type="checkbox"/> Middle Eastern or North African		<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> 2+ Race		Other: _____			
Ethnicity: <input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Other: _____	
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Transportation: <input type="checkbox"/> Has reliable car <input type="checkbox"/> Relies on Others <input type="checkbox"/> Uses public transportation					
Do you currently use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Recovery: _____ / _____ / _____					

Number of Children

Number of children you have <u>physical custody</u> of:	# _____
Number of children you have <u>legal custody</u> of:	# _____

Have you ever been convicted of a sex offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the nature of this charge and when did this occur?	

I, \_\_\_\_\_, wish to become a participant of the Bangor Area Recovery Network. I understand that by becoming a participant I am eligible to use the Center’s facilities, including the computers, meeting space and library materials, in ways that will enhance and strengthen my recovery from addiction.

I further understand that as a participant I will abide by community rules while at the Center, I will use all Center resources solely for the purposes of working on my addiction recovery. I will treat other participants, staff, and visitors with dignity and respect, and agree to speak to a staff member if I see others who may be threatening anyone’s safety at the Center. I will also seek ways that I can participate at the Center to help build a stronger recovering community within the Center, as well as in my larger community.

**Waiver**

The participant agrees to make no claim and hereby waives, to the fullest extent permitted by law, any claim or cause of action of any nature against the Bangor Area Recovery Network, its officers, directors, employees, agents or subconsultants, which may arise out of or in connection with participation or the performance by any of the parties above-named of the services under this Agreement.

I acknowledge and affirm that the information provided in this application is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recovery Pathways:**

What pathways of recovery have you utilized and/or are familiar with? (i.e. 12 step, faith-based, MAT)

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Are you willing to be open minded about supporting people who want to follow approaches other than those you have confidence in? \_\_\_\_\_

**Volunteer Commitment:**

We ask that recovery coaches commit to providing at least one year toward the program. Are you willing to make that commitment? Yes  No

Recovery Coaches will be supported with ongoing training and supervision. Will you be able to commit to meeting at least 1x monthly for that purpose? Yes  No

Do you have a criminal history? If so, please describe briefly (please note that a background check will be completed by the BARN to ensure the safety of the people that participate in the Recovery Coaching program) The existence of a criminal history will not eliminate you:

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Why do you want to be a recovery coach?

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**Please Do Not Write Below Line**

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Interview Notes:

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\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date