



**Peer Support within the Criminal Justice System:  
Three-Day Training Application  
January 27, 28 and 29, 2020  
8:30am-4:30pm  
Pennsylvania Mental Health Consumers' Association  
4105 Derry Street  
Harrisburg, PA 17111**

**This application is for the three-day Peer Support within the Criminal Justice System training.**

Please note: The three-day training is only open to Certified Peer Specialists and/or Certified Recovery Specialists, including military veteran certified peer specialists. By submitting this application, you are attesting that you are a Certified Peer Specialist and/or Certified Recovery Specialist. You must include a copy of your PCB Certification.

If you need accommodations to complete this application, contact us at (717) 564-4930 or 1-800-887-6422.

**Section 1: General Information**

Name: \_\_\_\_\_

County: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Current place of employment or volunteer work: \_\_\_\_\_

Job title (if applicable): \_\_\_\_\_

Preferred method of contact (circle):

Email

Letter (postal mail)

**Please briefly answer the questions in the following sections.**

## **Section 2: Knowledge & Experience**

Do you have experience with the criminal justice system? As a mental health consumer, have you yourself had contact with the criminal justice system? What is your current involvement? For example, do you serve on a County Justice Advisory Board? Do you provide peer support to people who are navigating the criminal justice system? Please explain to whatever degree you feel comfortable.

Does your county of residence have a CJAB (Criminal Justice Advisory Board)? If so, is there mental health representation on the CJAB?

Please share your knowledge or experience of your county mental health system (We ask this so that you can begin to think about how you will use the information in this training and how you will take the information you gain back to your county).

### **Section 3: Interest & Involvement**

Why are you interested in attending the Peer Support within the Criminal Justice System training?

What is your experience in leadership roles?

### **Section 4: Other Info**

Do you need any special accommodations for the duration of the training (including linguistic needs, dietary restrictions, access, etc)? If so, please list them here. This information is requested for meeting planning purposes only and has no bearing on the applicant selection process.

Please list two emergency contacts (people we can call if you have an emergency during the training):

1) Emergency Contact #1:

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Phone number(s): \_\_\_\_\_

2) Emergency Contact #2:

- a. Name: \_\_\_\_\_
- b. Relationship to you: \_\_\_\_\_
- c. Phone number(s): \_\_\_\_\_

Please print your name, sign and date. If sending by email, please type/print your name and fill in the date:

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Include a copy of your PCB Certificate\*\***

Please email (preferred), fax or mail this completed application to:

PMHCA  
4105 Derry St.  
Harrisburg, PA 17111  
kathy@pmhca.org  
Fax: 717-564-4708

**Please note:** All applications must be received by the end of the business day on January 17, 2020 to be considered. If faxing your application, please write your name at the top of each page and include a cover page, to ensure that your entire application stays together.

Checklist:

- Answered all of the questions
- Signed the form
- Included a copy of your PCB Certificate
- Enclosed check or money order or payment provided electronically
- Met the deadline of January 17, 2020