



Peers in Recovery – Mentorship Program Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date of Birth: (mm/dd/yyyy)

Are you a Peer with Lived Experienced YES NO If yes, how long have you been recovery? Years Months

Have you already applied for certification YES NO If yes, when? Day Month Year

If you have a certification Standard Provisional

What type of endorsement do you want to hold? Adult Veteran Family Youth

Are you a Member of NAMI? YES NO If yes, Affiliate name:

If no, are you willing to join?: YES NO

Can you complete an Affidavit of Good Moral Character? (form attached – must be completed) YES NO

If no, explain (this does not disqualify you):

Education

High School Name: Location:

From: To: Did you graduate? YES NO Diploma or GED:

College Name: Location:

From: To: Did you graduate? YES NO Degree:

Other/ _____
Certifications: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Let's Get to Know You

Why do you want to work as Certified Recovery Peer Specialist? Use another page if necessary

What makes you a good candidate to work with peers?

What does recovery mean to you? How long have you been in recovery?

What were/are the important factors in your own recovery?

Please take a moment to share your self-care habits

What types of experiences have you had in assisting, or advocating for, people receiving mental health services (for example, facilitating support groups, leading mental health education program, presenter in NAMI's Ending the Silence, etc.)? Please be specific

Do you currently hold a position where you will use the skills gain through the Certified Recovery Peer Specialist training program?

YES NO

If yes, where: _____

If you answered yes to the above question, do you get paid for this position (optional): YES NO

Disclaimer and Signature

Program Applicant must initial below to indicate their agreement with all program requirements:

- I attest that I have personal experience as a person living in recovery from a mental health or substance use condition for a minimum of 2 years. _____ (initial)
- Willingness to undergo training and to be consistent to the NAMI Signature Programs model. _____ (initial)
- Positive regard for, or personal experience with mutual support. _____ (initial)
- Be or become a member of NAMI. _____ (initial)
- I understand that I am responsible for funding any costs associated with travel, hotel accommodations, meals, and/or certification costs. _____ (initial)
- I understand that participating in NAMI Pinellas' Peers in Recovery Mentorship Program does not guarantee me employment or a volunteer position. _____ (initial)
- I agree to attend and actively participate in all learning activities, and the required 500 volunteer hours, including any NAMI Pinellas Signature Program trainings. I understand no exceptions can be made and that if I am unable to attend all trainings, I will not receive a certificate of completion. _____ (initial)

I attest that my answers are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Office Use Only:

NAMI Signature: _____ Date: _____
NAMI Print Name: _____



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says:
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 777.04 attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children
- Section 827.071 sexual performance by a child

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| Section 843.01 | resisting arrest with violence |
| Section 843.025 | depriving a law enforcement, correctional, or correctional probation officer means of protection or communication |
| Section 843.12 | aiding in an escape |
| Section 843.13 | aiding in the escape of juvenile inmates in correctional institution |
| Chapter 847 | obscene literature |
| Section 874.05(1) | encouraging or recruiting another to join a criminal gang |
| Chapter 893 | drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor |
| Section 916.1075 | sexual misconduct with certain forensic clients and reporting of such sexual conduct |
| Section 944.35(3) | inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm |
| Section 944.40 | escape |
| Section 944.46 | harboring, concealing, or aiding an escaped prisoner |
| Section 944.47 | introduction of contraband into a correctional facility |
| Section 985.701 | sexual misconduct in juvenile justice programs |
| Section 985.711 | contraband introduced into detention facilities |

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., defined as “program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment.” **The additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below**

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|---------------------|--|
| | <u>Relating to:</u> |
| Chapter 408 | felony offenses contained in Chapter 408 |
| Section 408.8065(3) | offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application |
| Section 409.920 | Medicaid provider fraud |
| Section 409.9201 | Medicaid fraud |
| Section 777.04 | attempts, solicitation, and conspiracy to commit an offense listed in this subsection |
| Section 817.034 | fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems |
| Section 817.234 | false and fraudulent insurance claims |
| Section 817.481 | obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony |
| Section 817.50 | fraudulently obtaining goods or services from a health care provider |
| Section 817.505 | patient brokering |
| Section 817.568 | criminal use of personal identification information |
| Section 817.60 | obtaining a credit card through fraudulent means |
| Section 817.61 | fraudulent use of credit cards, if the offense was a felony |
| Section 831.01 | forgery |
| Section 831.02 | uttering forged instruments |
| Section 831.07 | forging bank bills, checks, drafts or promissory notes |
| Section 831.09 | uttering forged bank bills, checks, drafts, or promissory notes |
| Section 831.30 | fraud in obtaining medicinal drugs |
| Section 831.31 | the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony |
| Section 895.03 | racketeering and collection of unlawful debts |
| Section 896.101 | the Florida Money Laundering Act |

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar

statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____