

Request to participate in **Certified Recovery Specialist Training**

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

1. Please briefly share your sobriety story: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How many years have you been sober? \_\_\_\_\_

3. What do you do to actively maintain your sobriety? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Please provide the names of two (non-family) individuals who can verify Questions 2 & 3 above:

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

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

5. Do you volunteer? \_\_\_\_\_ If so, where, and in what ways? \_\_\_\_\_

\_\_\_\_\_

6. Why are you interested in receiving this training? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. If selected for this training, what leadership role(s) would you be willing to assume in the Morgan County recovery community? Select all that apply.

Lead a new 12 step program \_\_\_\_\_

Lead a new faith-based program \_\_\_\_\_

Lead a new arts oriented recovery group \_\_\_\_\_

Lead a new recreation oriented recovery group \_\_\_\_\_

Serve as a Peer Resource at my workplace \_\_\_\_\_

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

Serve as a Peer Resource at my apartment or housing complex \_\_\_\_\_

Apartment or Housing Complex Name: \_\_\_\_\_

Other: \_\_\_\_\_

**IMPORTANT:** Signed Agreement must be completed **ON REVERSE SIDE**

**AGREEMENT / UNDERSTANDING:**

If selected to participate in this training opportunity I agree to:

1. Attend all virtual training sessions and complete the final exam
2. Serve in a leadership role in the network of Morgan County recovery programs for a minimum of two years
3. Participate in virtual support opportunities for myself provided by Stability First

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Signature

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Date

**COMPLETE AND RETURN TO: [recovery@stability-first.com](mailto:recovery@stability-first.com)**

CONFIDENTIALITY NOTICE

We understand and respect your right to privacy. All of the information contained on this form will remain confidential, being shared only with Stability First's Recovery Morgan County Steering Committee, for the purpose of identifying candidates for the Certified Recovery Specialist training and certification.