

**Mind Your Health Peer Coaching Program
Application**

DUE DATE: June 4, 2010

Please print or type all information requested except for signature. Return this form with all other required documents on or before 6/04/10.

PART ONE: APPLICANT INFORMATION

Name	First	Last	MI
Address			
Telephone	Home:	Work:	
Email	Personal:	Work:	

PART TWO: EMPLOYMENT HISTORY

Please fill in the information requested below starting with your **current** position. If you require more space, please attach additional pages.

EMPLOYER NAME & ADDRESS	JOB TITLE	DATES OF EMPLOYMENT	PRIMARY JOB RESPONSIBILITIES

PART THREE: EDUCATION HISTORY*

TYPE OF SCHOOL	NAME OF SCHOOL OR TRAINING PROGRAM	LOCATION	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATE AND YEAR OBTAINED
HIGH SCHOOL				
COLLEGE				
BUSINESS/TRADE OR PROFESSIONAL SCHOOL				
CERTIFICATE PROGRAM				

* Education history is for informational purposes only, A High School or College degree is **not required** for acceptance into the Mind Your Health Peer Coaching Program

PART FOUR: SIGNATURE

Has your employer signed the Supervisor’s Agreement Form?* Yes No

*The signed Supervisor’s Agreement Form is required for your application to be considered complete.

Applicant’s Signature: _____

Date of Application: _____

**For questions about this application, please contact the Office of Consumer Affairs at:
SNiederm@health.nyc.gov or 212-219-5393.**

**PLEASE SUBMIT YOUR COMPLETED APPLICATION BY MAIL OR IN-PERSON TO:
Office of Consumer Affairs
The City of New York
Department of Health and Mental Hygiene
93 Worth Street, Room 1205
New York, NY 10013**

**Mind Your Health Peer Coaching Program
Application**

DUE DATE: June 4, 2010

PART FIVE: PERSONAL STATEMENT

Name of Applicant: _____

Please use the space below or attach a separate document to provide us with more information about yourself. This must address the following:

- Why are you interested in this program?
- How have your experiences personally and professionally helped you to contribute to the health of others?
- How can you use this experience to improve the health of the people you serve?
- Please describe any skills (e.g. foreign languages) or activities (e.g. volunteer work) that you participate in that are relevant to peer health and wellness coaching.

Please limit your response to no more than 500 words. Please write legibly or type.

I certify that all information provided by me in this application is correct and accurate to the best of my knowledge.

Signature _____

Date _____

**PLEASE SUBMIT YOUR COMPLETED APPLICATION BY MAIL OR IN-PERSON TO:
Office of Consumer Affairs
The City of New York
Department of Health and Mental Hygiene
93 Worth Street, Room 1205
New York, NY 10013**

**Mind Your Health Peer Coaching Program
Application**

DUE DATE: June 4, 2010

PART SIX: RECOMMENDATION FORM (to be completed by employee)

Employee Name	
Address	

I have requested that my supervisor provide the NYC DOHMH with a letter of recommendation on my behalf.

Employee Signature: _____ Date: _____

PART SEVEN: RECOMMENDATION FORM (to be completed by supervisor)

The above-named individual has applied to the Mind Your Health Peer Coaching Program offered through the NYC DOHMH. Please complete this recommendation form and follow the instructions below for preparing a letter of recommendation.

Supervisor Name		
Phone		Email
Agency Name		
Address		
Program Director Name		
Phone		Email

How long have you known this applicant? _____

How long has the applicant been employed by your agency? _____

Please attach a letter to discuss the reasons why you believe this applicant would be an appropriate candidate for the MYH Peer Health Coaching Program. Please comment on the individual's maturity, enthusiasm, organizational skills, experience in mental health service settings, and ability to engage with others. ***Please also comment on specific ways in which your agency/program will support and help to integrate the peer health coach training into existing service provision.***

***Please return this form and your signed letter of recommendation (in a sealed envelope) to the applicant.**

Applicant, please submit your completed application package by mail or in person to:

Office of Consumer Affairs
The City of New York
Department of Health and Mental Hygiene
93 Worth Street, Room 1205
New York, NY 10013

**Mind Your Health Peer Coaching Program
Application**

DUE DATE: June 4, 2010

PART EIGHT: SUPERVISOR'S AGREEMENT FORM

The following individual has applied to be part of the Mind Your Health Peer Coaching Program:

First

Last

Middle Initial

This training program is intended to be a partnership between the peer specialist and your agency/program. As the supervisor of the above named individual, your support of his/her training in health coaching is essential to his/her success. Therefore, the agency is being asked to make a commitment to the following:

- The peer specialist's schedule will accommodate training and training-related activities.
- The supervisor will participate in two conference calls and will attend the final presentation at the last workshop with the peer specialist.
- The peer specialist will have opportunities to complete practice activities at work that are assigned in the trainings.
- The agency will support and provide supervision for the peer specialist to implement the new skills and knowledge gained into services at their work setting.
- The agency will participate in brief evaluation activities.

Your signature below indicates agreement to all of the above responsibilities.

Employee Signature

Date

Agency Supervisor Signature

Date

BEFORE YOU SUBMIT YOUR APPLICATION – PLEASE BE SURE THAT ALL EIGHT PARTS OF THIS APPLICATION ARE COMPLETE!

**PLEASE SUBMIT YOUR COMPLETED APPLICATION BY MAIL OR IN-PERSON TO:
Office of Consumer Affairs
The City of New York
Department of Health and Mental Hygiene
93 Worth Street, Room 1205
New York, NY 10013**