



Date: _____

Young Adult Personal Development and Leadership Academy

We are so glad you have chosen to explore this Training! Please fill out all pages of this application and send it by **mail or fax** to:

Ohio Empowerment Coalition, C/O Mona Duffy
6797 North High Street, Suite 238, Columbus, Ohio 43085-2533
FAX: 614-310-8966

Name: _____ I prefer to be called: _____ DOB: _____

Address: _____ City: _____ County: _____ Zip: _____

Email Address: _____ Primary Phone: _____

Training Prerequisites

1. Be in recovery from a mental health challenge and/or addiction.
2. Be in the process of obtaining High School Diploma, GED, or equivalent (Advanced degrees fulfill this requirement).
3. Be dedicated to promoting recovery and leadership in your personal lives.
4. Be able to utilize his or her own lived experience of recovery (as defined by that person) to inspire recovery in the lives of Peers.
5. Have the reading and writing skills needed to complete the academic work in training or the ability to utilize reasonable accommodations to do the same.
6. Be committed to actively participating in training and meeting all attendance and course requirements.

By signing below, I am...

- Stating that I have read the Prerequisites and Requirements for the Training.
- Making a commitment to meet all of these training Prerequisites to the best of my ability.
- Stating that I understand that successful completion of the training program requires excellent attendance and that, in order to earn a certificate of completion, *I need to have no more than 8 hours of absence during the classroom training portion of the program.*

Signature

Date

Part 1: Short Essays

1) We'd like to know a little bit about why you are interested in reinforcing your recovery and leadership. Please briefly describe why you are interested in attending this training.

2) With leadership and personal development, we sometimes share parts of our personal recovery story with other people. What are some positive things that can come out of this?

3) In a learning setting, what can an instructor, a facilitator, or other people do in order to support you in your learning process?

4) According to your lived experience, in what setting would your skills be best suited for?

Part 2: Lived Experience & References

What positive programming have you participated in that aided in self-improvement, strategies and decision making? For example: Youth to Youth, YouthMove, WRAP, BRIDGES, Prevention Services, etc?

Imagine that you are attending a conference or training in a hotel for 2 days or more, where you will also be staying. What are the necessary steps you would take to ensure a safe, responsible, and comfortable stay?

Upon check-in: _____

During your stay: _____

Upon check-out: _____

Please provide at least one reference:

Name: _____

Title: _____

How long have you known this person? _____

Relationship to you: _____

Phone: _____

Name: _____

Title: _____

How long have you known this person? _____

Relationship to you: _____

Phone: _____



Date: _____

Part 3: Strengths, Challenges, Solutions

Instructions for completing the following chart:

For each of the skill-sets listed in the first column of the chart, go across and please speak to your strengths/skills and challenges/obstacles in those areas, as well as any solutions or supports you can utilize, in light of your challenges/obstacles, in order to succeed in your goals.

Notes on challenges/supports/solutions:

Many of us who are in recovery have great **self-awareness** and an attitude of **resilience**. These things help us keep moving forward even when something seems to be getting in our way. As human beings, most of us experience a challenge occasionally. Many of us learn to recognize when something “could get in our way.” We learn how to **be prepared** in case those things show up. We learn that we can **take action** to prevent a “challenge” from becoming a “roadblock” that prevents us from reaching our goals.

Fill in the boxes below with your answers to the questions in the first column, numbered 1 through 4.

	What are your Strengths/Skills?	What are your Challenges/Obstacles?	What are your Supports/Solutions?
<p>1) Regarding completing the training: Speak to your ability to commit to the 3 day training, <u>being a part of a group</u>, as well as your personal goals</p>			
<p>2) Regarding reliability in class attendance: Attendance is very important – any training modules that are missed must be made up at the discretion of the facilitator</p>			

Your abilities to...	Strengths/Skills	Challenges/Obstacles	Supports/Solutions
3) Regarding completion of coursework: Includes listening to facilitators, taking notes, reviewing/studying material on your own time,			
4) Regarding your active participation in the training: Your experience brings value to the training - things to think about: do you consider yourself to be shy/nervous? A good listener? Someone who enjoys group work?			

Part 4: Needs and Supports

What supports do you currently have that will help you succeed in the Training? (Feel free to list individual support as well as supportive services.)

Person/service: _____

What they provide: _____

Person/service: _____

What they provide: _____

Questions???

Feel free to contact Mona Duffy at mduffy@ohioempowerment.org