

RICARES Recovery Coaching

Application

Note: Please **PRINT CLEARLY** and fill in all fields to be considered for the training. Please follow directions carefully. The required fields are labeled with an asterisk (*).

PERSONAL

*Date: _____

*Full Name: _____ **Gender:** Male Female
Last First Middle

*Home Address: _____
Street

_____ City State Zip Code

*Home Phone: () _____ **Cell Phone:** () _____

*E-mail Address: _____

EDUCATION

School	Name and Location of School	No. of Yrs. Completed	Did you Graduate ?	Degree or Diploma
Elementary				
*High School / Equivalent				
Business/Trade/ Technical				
College				
Graduate School				

*Indicate which Addictions Certification you possess: NONE CIT LCDP Other

*If NONE, do you have any formal training in Addictions? Yes No

*If Yes, Indicate courses or prior training: _____

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Please note: Recovery involvement including knowledge 12 steps is expected.

*Are you in Recovery? Yes No *If Yes, how many years? _____ *If NO, were you involved in someone else's recovery? Yes No *If Yes, state the nature of your relationship to that person:

*Do you have a valid driver's license? Yes No *License #: _____ State: _____

*Do you have a car that you can use anytime? Yes No

*Are you willing to submit to a background check (BCI)? Yes No

*Are you Bi-lingual? Yes No If Yes, List language(s) _____

*Can you read/write the English language fluently? Yes No

*Are you currently employed? Yes No

*If Yes, List Name and Address of Employer: _____

* Are you seeking employment as a recovery coach through RICARES? Yes No

*Do you have a promise of employment as a RECOVERY COACH by an Approved TREATMENT Provider?
 Yes No

If yes, indicate for who: _____

*Are you affiliated with a House of Worship? Yes No

*If Yes, indicate House of Worship & Denomination:

* Do you understand that you will be working with clients who are primarily addicts involved with the justice system or DCYF? Yes No

*Are you willing to work with clients who are engaged in Methadone Maintenance? Yes No

* How did you hear about the Recovery Coach Associate Training? _____

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*What motivates you to become a Recovery Coach? _____

*How do you think, as a Recovery Coach, you could help someone live a life in recovery?

SPECIAL ACCOMODATIONS NEEDED:

Interpreter Services: Yes No Other Services: Yes No _____

Contact Information: _____

E-MAIL: _____

TTY: _____

LETTER: _____

*APPLICANT'S SIGNATURE: _____

Fax to: Attention: Jim Gillem @ 401-751-7850

-OR-

Mail to: Attention: Jim Gillem
RICARES
102 DuPont Drive
Providence, RI 02907

FOR RICARES USE ONLY

Application Received Date: _____ Application Review Date: _____

Approved for Training? Yes No

Interview Date: _____

If No, Indicate Reason: _____

RICARES Signature: _____

BCI Check Results:

Initial 12 Hour Training Completed: Date _____

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JOB DESCRIPTION – RECOVERY COACH

REQUIREMENTS:

If the recovery coach is recovering from chemical dependency, minimum of two (2) years of sobriety
High School or GED required
BA or current college enrollment preferred
Driver's license
Flexible Hours
Available for evening and weekend hours
Completion of Recovery Coaching curriculum and/or certification
Ongoing supervision
Compliance with all state and federal laws regarding services
Signed agreement to abide by code of ethics
Completion of BCI Check

COMPETENCIES:

Knowledge of Recovery and twelve (12) steps or other self help fellowships
Understanding of chemical dependency, chronic and relapsing
Ability to engage clients
Knowledge of community and community resources
Knowledge of addiction service continuum
Understand and respect client confidentiality and confidentiality laws
Communications Skills
Problem solving skills
Computer literate

RESPONSIBILITIES:

Provide emotional/social support for clients, provide individual coaching (i.e. support and encourage participation in treatment, self help and other services; Provide encouragement and guidance for clients to engage in job training program.

Provide information and impart knowledge to clients (i.e. provide clients with information on local, community services, or educate on the disease of addiction and self help).

Provide concrete services to clients in the program (i.e. help clients complete a job application, or accompany them to a doctor's appointment).

Provide companionship/support to clients (i.e. accompany client to self help, introduce client to other recovery persons).

Act as liaison between client and their support system(s).

Must collect and input client as may be required of program.

Interacts and coordinates with Treatment Counselor/ ATR Staff.

Engages in weekly supervision.