

**Gathering & Inspiring Future Talent (G.I.F.T.) Training
For Young Adults Aspiring to be Peer Mentors
Information and Application Sheet**

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

DATE OF BIRTH: (*Month, Day, Year*)

BEST WAY TO CONTACT YOU (*Circle or Place a Mark next to One*):

Text message

Email

Phone Call

DESIRED TRAINING LOCATION (Please number 1-3 according to preference):

Boston____Central ____Metro West____Southeast____Northeast____Western____

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE NUMBER:

Please help us make the GIFT training relevant for you by answering the questions below:

1. How did you learn about the GIFT training?

2. What interests you about the GIFT training? (Why do you want to take this class?)
Check all that apply and/or write in your own response
___To find a job
___To get additional supports for your mental health/substance abuse
___To obtain training as a Peer Support Worker/Peer Mentor
___To become clearer about your strengths and how to contribute them to your community

3. Do you want to be a Peer Support Worker/Peer Mentor or a different career choice ? **OR**, If you are currently employed or volunteering as a peer support worker/peer mentor or another position please list the organization and share what you like about your role.

4. What is your best learning style? (i.e. visual, audio, hand-on exercises, standing, sitting, etc.)

5. What are some of your interests (things you like to do, hobbies, etc.)?

*Any questions, please contact Manny Hernandez, at 781-771-1485 or
ehernandez@childrensfriend.net*

Please return completed applications to ehernandez@childrensfreinds.net