



Drexel University Center for Nonviolence and Social Justice | Healing Hurt People

***Community Health Worker Peer /Certified Peer Specialist
Training Academy***

Application

Contact Information:

Name: _____

Address: _____

City, state, zip code _____

Phone: _____

Alternate Phone: _____

Email: _____

Date of Birth: ____/____/____

Gender:

I identify my gender as... (Please fill in the blank) _____

Languages:

What is your primary language? _____

Please list any additional languages that you speak:

Education:

Please check all educational levels you have completed:

- High School Diploma/GED
- 2 year associate's degree
- 4 year bachelor's degree
- Master's degree/PhD
- Apprenticeship or vocational school
- Other: _____

Please list name and year of last school attended _____

Life Experience questions: CHWP/CPS training focuses on the willingness of participants to share how violence and trauma have impacted their own mental and physical health, and to use that experience to help others heal. Please review the questions below and circle all that apply in your own life.

- 1) Have you ever had an experience where the emotional impact was so great it changed your daily routine? **Y/N**
- 2) Have you experienced or witnessed violence that has made it difficult to manage or feel your emotions, perform daily tasks, sleep, eat, connect with others, work, learn, or maintain a close relationship? **Y/N**
- 3) Have you ever experienced nightmares, flashbacks, or thoughts about a stressful event that you cannot stop yourself from thinking about? **Y/N**
- 4) Have you ever been given a mental health diagnosis from any medical professional? **Y/N**
- 5) Do you experience any feelings, thoughts or behaviors that impact the daily functioning of your life? **Y/N**

Examples may include: *Often feeling sad, down or angry, often feeling confused or unable to concentrate, often feeling afraid, worried or guilty about past experiences, major changes in your ability to sleep or eat, nightmares, an inability to cope with daily problems or stress, or trouble understanding and relating to situations and to people.*

Employment:

Are you currently employed? (Circle one): **Y/N**

If yes, where and how many hours a week do you work?

(Please note that *employment **does not exclude** you from training*)

Employer: _____

Hours per week:

___ 1-4 hrs/wk ___ 5-8 hrs/wk ___ 9-12 hrs/wk

___ 13-16 hrs/wk ___ 16-20 hrs/wk ___ 20- 40hrs/wk

Short answers (2 sentences or more): *Please answer all questions and write legibly. If needed, you may use additional paper for your answer.*

How do you think that becoming a Community Health Worker Peer/Certified Peer Specialist (CHWP/CPS) could help you achieve your personal and professional goals?

Please share what personal experience led you to be interested in helping others heal from violent injury.

How will this training enhance the work that you are doing or aspire to do in the community?

To submit your application for the CHWP/CPS Training Academy, please send in the following items:

- Completed CHWP/CPS Training application
- One (1) copy of your resume

Applications will be accepted between March 15- April 16, 2017

Please send the completed application packet either by email or by regular mail to:

The Center for Nonviolence and Social Justice
Community Health Worker Peer (CHWP) Training Academy
Attn.: Stefanie Wakeman, Project Manager
1505 Race St
6th floor, MS 1047
Philadelphia, Pa, 19102
Email: sjw95@drexel.edu

If you have any questions, please feel free to contact:

- Stefanie Wakeman (sjw95@drexel.edu) at 215.762.1170