

**Maine Department of Health and Human Services  
Office of Substance Abuse and Mental Health Services  
Maine Intentional Peer Support Training Application Reference Form**

**TO THE APPLICANT:**

Please fill out the lines below and give this form to each of your references. **If you are working or volunteering, please make sure at least one of your references is your supervisor.** Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send for the Maine Intentional Peer Support Training Program.

Applicant name: \_\_\_\_\_  
Address (street and mailing): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TO THE PERSONAL REFERENCE:**

The person named above is applying to participate in the Maine Certified Intentional Peer Support Specialist Program. This program is designed to train participants in the tasks, values and philosophies of Intentional Peer Support and prepare them to engage in Intentional Peer Support in their lives and community. This training program involves significant amounts of reading, homework, and classroom participation. Applicants should be prepared and able to address the challenges of the training program. This training program requires significant commitment and financial investment and represents considerable mutual commitment required from both the State and successful applicants.

The applicant has indicated that you would be able to evaluate his/her qualifications and provide us with a candid recommendation. Personal references used during the application process are a valuable part of the applicant review and your input is greatly appreciated.

Reference name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Organization: \_\_\_\_\_

**KNOWLEDGE OF THE APPLICANT**

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

In what capacity have you known the applicant?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Job Supervisor/Employer | <input type="checkbox"/> Clergy     |
| <input type="checkbox"/> Volunteer Supervisor    | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Teacher                 | <input type="checkbox"/> Friend     |
| <input type="checkbox"/> Other (specify)         |                                     |

Please describe the situation in which you know the applicant. (Please do not include confidential information)

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**WORK PERFORMANCE**

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to fully participate in an academic environment.

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**RELATIONSHIPS WITH OTHER PEOPLE**

2. Intentional Peer Support Specialists need to understand other people's viewpoints and experiences and to communicate with people with differing backgrounds. Please comment briefly on the applicant's ability to relate with others.

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**STRENGTHS AND CHALLENGES**

3. Please list three strengths of the applicant.

- a. 

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- b. 

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- c. 

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4. Please list three challenges of the applicant.

- a. 

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- b. 

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- c. 

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**ADDITIONAL COMMENTS AND SUPPORTING INFORMATION**

5. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to participating in the Intentional Peer Support training program – such as the applicant’s desire to serve others, maturity, work ethic, flexibility and dependability. Explain any reservations that you have regarding the applicant’s participation in the Maine Intentional Peer Support training program.

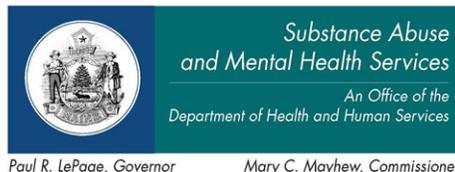
**OVERALL RECOMMENDATION/READINESS**

On a scale from 1 to 5, with 1 being very strongly ---- 5 being not at all  
How strongly do you recommend the applicant? \_\_\_\_\_

On a scale from 1 to 5 with 1 being completely ready --- 5 being not at all ready  
How ready is this applicant at this point in their life to take this training and fully participate?  
\_\_\_\_\_

Your signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED ACROSS THE SEAL,  
DIRECTLY TO THE APPLICANT.**



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