

Application Form

Nevada Peer Leadership Advisory Council (NPLAC)

NPLAC CANDIDATE INFORMATION

Name:

Mailing Address:

Telephone: _____ Email: _____ DOB: _____

Male _____ Female _____ Ethnicity: _____

Explain why you are interested in becoming a member of the Nevada Peer Leadership Advisory Council:

Have you ever been involved in Peer-to-Peer educational training or services? Yes – No (If YES) which organization were you involved with?

Are you in Recovery? _____ Yes _____ No if yes, have you been in recovery for at least 2 years?
_____ Yes _____ No

Briefly describe your sustained recovery history (Substance Use, Behavioral Health, Co-Occurring, Etc.), if relevant:

Complete your perception of the following (Give a definition):

Recovery is:

How would you implement your role on the Nevada Peer Leadership Advisory Council in your selected environment/community?

Please sign, date and return application to Jeanyne Ward email address which is: jward@casat.org

Signature _____ Date Signed _____

Nevada Peer Leadership Advisory Council Executive Committee will review all applications and submittal does not guarantee enrollment on the council. If accepted, you will receive a confirmation prior to the next NPLAC meeting.