



PARENT PEER LEADERSHIP INSTITUTE
Family Peer Support Training Application/Registration Form

Application Date: _____

Name: _____

Agency: _____

Mailing Address: _____

Work Phone: _____ **Cell:** _____ **Email:** _____

Completion of this application/registration provides information that the applicant meets the criteria below and also is able to articulate the understanding of the experience of parenting a child with emotional, developmental, behavioral, substance use or mental health concerns with another parent or family member.

1. I have years of lived experience in the parenting role of (guardian, foster parent, grandparent, caregiver) or I am a parent of a child/youth with behavioral health issues; have experience navigating the system of care and I can articulate the experience of parenting a child with emotional, developmental, behavioral, substance use or mental health concerns.
____Yes ____No

2. Number of years of lived experience: _____

3. I understand that this application is my commitment to complete the three full days of training listed below: ____Yes ____No

Full Payment of \$300 is included in this application: ____Yes ____No Amount: \$_____

Full Payment will be submitted by first day of training: ____Yes ____No

Held: January 11, 12 and 13, 2017

Location: Catholic Charities of Maine, 1066 Kenduskeag Ave, Bangor

All training days will be from 8:30a-5p Lunch on your own

Please return this application & payment to:

c/o Cindy Seekins, Director, G.E.A.R. Parent Network, PO Box 558, Augusta, ME 04332

For questions or more information please call 441-7216 or 1-800-264-9224.