



RECOVERY COACH APPLICATION

Applicant Personal Information

Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Date: _____

Phone: _____ Email: _____

Birth Date _____

Personal Experience With Recover/Addiction

Describe your personal experience with recovery/addiction, or someone close who has a Substance Abuse Disorder?

Explain your interest in working in recovery support?

How do you plan to use this training in your day-to-day life in connecting with others?

PLEASE ADD REFERENCES ON PAGE TWO

References

Please list three references.

Full Name: _____ Relationship: _____

Company _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company _____ Phone: _____

Address: _____

May we contact these references? _____

References

I certify that my answers are true and complete to the best of my knowledge.

I understand that this application will be reviewed, and it does not guarantee that the applicant will be accepted.

Signature: _____ Date: _____

As the full package of the training has been paid in full by Stepping Stones, all applicants accepted must provide their own manuals for each of the 3 classes. You can obtain links to purchase these manuals from Stepping Stones leadership.

If accepted, the courses have been paid for by Stepping Stones however, anyone able and willing to give back to the cause financially to assist the organization in covering this investment will be appreciated.