



PEIR FACILITATOR APPLICATION

NAME: _____ Date _____

JOB TITLE: _____

E-mail Address _____

WORK ADDRESS:

PHONE NUMBER: _____ Pager _____

WIRELESS NUMBER _____

HOME ADDRESS: _____

HOME PHONE: _____

MANAGEMENT YES NO (PLEASE CIRCLE ONE)

CWA MEMBER YES NO (PLEASE CIRCLE ONE)

CWA STEWARD YES NO (PLEASE CIRCLE ONE)

IS YOUR SUPERVISOR AWARE OF AND IN SUPPORT OF YOUR INTEREST IN PEIR?

YES NO (PLEASE CIRCLE ONE)

SUPERVISOR'S NAME & SIGNATURE:

THE FOLLOWING IS REQUIRED FOR OCCUPATIONAL APPLICANTS:

IS YOUR LOCAL UNION PRESIDENT AWARE OF AND IN SUPPORT OF YOUR INTEREST IN PEIR?

YES NO (PLEASE CIRCLE ONE)

LOCAL PRESIDENT'S NAME & SIGNATURE:

LOCAL NUMBER, ADDRESS AND TELEPHONE NUMBER OF LOCAL:

ARE YOU CURRENTLY WORKING A 12 STEP PROGRAM (AA, NA, AL-ANON, OA, ACOA, ETC)? YES NO

IF YES, WHAT IS YOUR RECOVERY DATE? _____

HOW DOES WORKING THE STEPS AND PRINCIPLES OF A 12 STEP PROGRAM FIT INTO YOUR LIFE?

DESCRIBE ANY VOLUNTEER ACTIVITIES AND/OR LIFE EXPERIENCES YOU HAVE HAD THAT WOULD RELATE TO THE PEIR PROGRAM WITH PARTICULAR EMPHASIS ON WORK WITH PEOPLE IN CRISIS OR HIGH STRESS SITUATIONS (SPONSOR IN A 12 STEP PROGRAM, WORKING AT A HALFWAY HOUSE, RESPONDING TO CRISIS CALLS, WORKING AT A DOMESTIC VIOLENCE SHELTER, WORKING WITH AT RISK YOUTH, ETC)

BRIEFLY TELL US WHY YOU ARE INTERESTED IN BECOMING A PEIR FACILITATOR.

WHAT SKILLS DO YOU THINK YOU CAN CONTRIBUTE TO THE PEIR PROGRAM?

RETURN TO:

Sue Head

PEIR PROGRAM COORDINATOR

email at: shead@cwa7019.org

PEIR SELECTION CRITERIA

1a. Applicant must have a minimum of 2 years continuous participation in a 12 Step program. Must be clean and sober a minimum of 2 years if participating in a chemical dependency program

OR

1b. An applicant has been active for a minimum of two years in community service activities based on life experiences related to recovery (domestic violence recovery, survivors of suicide, elder care or other similar support groups, etc)

2. Applicants must have approval from their manager or managing supervisor. Occupational applicants must also have approval of the Local CWA President.

3. Applicants must be consistent in their recovery and possess good people skills. Applicants must be willing to volunteer personal time to help others and be available to help on short notice.

4. The PEIR Program Coordinator will interview each applicant.

5. The Committee on Substance Abuse will review all applications.

If you have any questions please contact Sue Head at: **602-630-2623**
(Local phone) or via email: shead@cwa7019.org

(Last updated December 19, 2014)