



PEER RECOVERY SPECIALIST INTERNSHIP APPLICATION

PROGRAM OVERVIEW RICARES internship program is designed for individuals who have completed their CPRS training and are committed to supporting others in their recovery journey. Interns will work 18 hours per week at a partner site gaining hands-on experience in peer recovery support services, receive weekly supervision from the Internship manager at RICARES main office and attend professional development trainings.

MINIMUM REQUIREMENTS • Completion of 46-hour CPRS (Certified Peer Recovery Specialist) training • Minimum of two (2) years of sustained recovery • Ability to commit to 15-20 hours per week at a partner site • Reliable transportation to work site

SECTION 1: PERSONAL INFORMATION

Full Legal Name: _____

Preferred Name (if different): _____

Pronouns: _____

Date of Birth: _____

Current Address: Street: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

Email Address: _____

SECTION 2: EDUCATION & TRAINING

Do you have a High School Diploma or GED: Yes No Currently enrolled in GED program

If currently enrolled, name of institution: _____

CPRS Training Information: Date CPRS Training Completed: _____

Training Provider/Organization: _____

CPRS Certification Number (if applicable): _____



SECTION 3: RECOVERY EXPERIENCE

Date Recovery Began: _____

Years of Sustained Recovery: _____

Please briefly describe your recovery journey and what motivated you to pursue peer recovery support work (250 words or less):

SECTION 4: WORK EXPERIENCE & AVAILABILITY

Current Employment Status: Unemployed Employed Part-time Self-employed
 Other: _____

If currently employed, will you be able to commit to 15-20 hours per week for this internship?

Yes No

Do you have any scheduling restrictions we should be aware of? Yes No

If yes, please explain: _____

Previous Employment Experience:

Name of Most Recent Previous Employer: _____

Dates of employment: From _____ to: _____

Job Duties: _____

_____ What did you like most about this job? _____

SECTION 5: TRANSPORTATION & ACCESSIBILITY

Do you have reliable transportation to your assigned work site? Yes No

Primary Mode of Transportation: Personal vehicle Public transportation Rideshare (Uber/Lyft) Family/friend

Other: _____

Do you have a valid driver's license? Yes No

Do you require any accommodations to successfully complete this internship? Yes No

If yes, please describe: _____



SECTION 6: AREAS OF INTEREST IN PEER SUPPORT

Please indicate your preferred peer support setting (check all that apply): Office-based peer support Community-based peer support Residential/housing programs Outpatient treatment centers Crisis intervention Harm Reduction/Overdose Prevention Center
 Telephone/virtual support Group facilitation One-on-one peer mentoring No preference/Open to all settings

Specific populations you're interested in working with (check all that apply): Adults Youth/Young adults Older adults Veterans LGBTQ+ community Justice-involved individuals People experiencing homelessness Parents/families No preference/All populations

Are there specific types of recovery support services you're most interested in providing? (e.g., harm reduction, 12-step support, holistic approaches, etc.)

SECTION 7: GOALS & MOTIVATION

What do you hope to gain from this internship experience? (200 words or less)

What unique perspectives or strengths do you bring to peer recovery work? (200 words or less)

Where do you see yourself in peer recovery support work in the next 2-3 years?



SECTION 8: REFERENCES

Please provide two (2) professional or personal references who can speak to your character, reliability, and readiness for this internship. References should NOT be family members.

Reference 1: Name: _____
Relationship to Applicant: _____ Phone Number: _____
_____ Email: _____

Reference 2: Name: _____
Relationship to Applicant: _____ Phone Number: _____
_____ Email: _____

SECTION 9: ATTESTATION & SIGNATURE

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from consideration or result in dismissal from the internship program.

I understand that this internship requires: • Completion of 46-hour CPRS training • Minimum of two (2) years of sustained recovery • Commitment to 15-20 hours per week at a partner site • Reliable transportation

I acknowledge that I meet these requirements: Yes No

Applicant Signature: _____

Date: _____

Please return your completed application to **Troy Dismel** at tdismel@ricares.org or by dropping it off at RICARES office located in Rising Sun Mills at 166 Valley St, Suite 105 in Providence.

FOR OFFICE USE ONLY

Application Received: _____

Interview Date: _____

Placement Site: _____

Start Date: _____

Notes: _____



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