PoWeR Group Application

"We reduce stigma and discrimination by speaking out for wellness and recovery."

If you would like to join your peers in promoting recovery throughout the community with the PoWeR group, please complete the following application. You can drop this completed application off in person at the address below. You can also turn this completed application in by email, mail or fax. If you would like, you may schedule an appointment to fill out this application at your initial interview with our PoWeR Group Coordinator.

For more information, contact:
Shawna Nolan
(269)210-7224 (cell)
snolan@recoverymi.org

Recovery Institute of Southwest Michigan, Inc.
1020 South Westnedge, Kalamazoo, MI 49008  □  269-343-6727  □  www.recoverymi.org

Thank you for your interest!

**Application Instructions:** This group has some requirements for joining and this application is a good way to get to know you. Please answer the following questions to help further this process; we can either go over the application with you, or schedule the interview after your application is submitted.

Date: ____________________

Last Name: ____________________  First Name: ____________________  MI: _____

Street Address: _______________________________________________________________

City: __________________________________________  State: _____  Zip: __________

Cell Phone: ____________________  Email: ____________________

Will you be available to attend our PoWeR Group Strategy Meetings that are held from 9:00AM - 10:00 AM on the 1st and 3rd Fridays of each month?  ____ Yes  ____ No

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<th>What days and times are you available for Power Group Presentations?</th>
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Please answer the following questions:

Are you currently working and if so where? ____________________________________________

Please describe what “peer support” means to you:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Please describe what “recovery” means to you:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

How long have you been in recovery?: ____________________________________________
Please describe the ways in which you take care of your recovery (meetings, therapy, classes, support groups, etc.):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

How long have you been coming to Recovery Institute and what classes or events have you attended?
_____________________________________________________________________________________
_____________________________________________________________________________________
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Please describe the ways you have been active in your community in the past six months:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Why would you like to be a member of PoWer Group?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is there anything we forgot to ask that you think is important?
_____________________________________________________________________________________
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References:

List 3 character references, not related to you:

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I certify that the statements on this document are true to the best of my knowledge. I realize that all the information furnished by me is important and that The Recovery Institute of Southwest Michigan will rely on this information in approving my membership with the PoWeR Group. I hereby authorize all acquaintances and previous employers to cooperate with this agency and to release on a confidential basis any information they may have concerning me. I agree to abide by all agency rules and regulations.

________________________________________  __________________________
Signature of Applicant                       Date

Please return all applications to the Recovery Institute in person, by fax, mail or email.

Thank you,

**Shawna Nolan**

**PoWeR Group Coordinator, CPSS, CRC**

Team Victory

Recovery Institute of Southwest Michigan, Inc.

*If you would like to become an RI Volunteer, please ask to fill out one of their applications ☺*