**Peer Support Program: Application**

Adapted from materials developed by the National Network to End Domestic Violence and the Wyoming Coalition Against Domestic Violence and Sexual Assault.

If you are interested in participating in the Peer Support Program, please complete the following form and return it to MCBW by end of the day on Thursday, March 8, 2018.

Please contact Liz Richards at [lrichards@mcbw.org](mailto:lrichards@mcbw.org) or 651-646-6177 ext. 125 if you have any questions..

Your Name:

Your Program:

Email:

Phone:

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I have a resource request. I am looking for the following resource/tool:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are just asking for the resource/tool but do NOT want to be part of the peer support program, do NOT complete the rest of the form. Simply send this page to [lrichards@mcbw.org](mailto:lrichards@mcbw.org)

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Years you have been with your program?

* Less than one year
* 1 – 3 years
* 3 – 8 years
* 8 or more years

Years you have been the director?

* Less than one year
* 1 – 3 years
* 3 – 8 years
* 8 or more years

Do you have a particular person that you want as a Peer Support Partner?

* Yes
* No

If yes, please provide the person’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Have you contacted this person?

* I have contacted them.
* I have not contacted them, but I will.
* Please contact them for me.

Do you have a particular type of program or director that you want as a Peer Support Partner?

* Work in a specific region of the state: Specify the region (e.g. metro, NE or Arrowhead) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Work in a specific type of program (check all that apply)
  + DV
  + SA
  + Dual DV/SA
  + Tribal
  + Shelter
  + Community Based
  + Culturally Specific
  + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rate the Health of your Organization** in the following areas:

(Scale of 1 – 5: 1 = need improvement; 5 = healthy – Place check in appropriate box.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| Personnel management. |  |  |  |  |  |
| Fiscal health/management |  |  |  |  |  |
| Organizational culture/trauma |  |  |  |  |  |
| External relationships |  |  |  |  |  |
| Board development |  |  |  |  |  |
| Programming |  |  |  |  |  |
| Movement building |  |  |  |  |  |

**Professional Knowledge & Strengths Assessment**

Answer the following based on YOUR individual strengths. Rate your proficiency on a Scale of 1 to 5: 1 = needs improvement; 5 = highly proficient.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| Personnel management. |  |  |  |  |  |
| Fiscal health/management |  |  |  |  |  |
| Organizational culture/trauma |  |  |  |  |  |
| Understanding government grants & grant systems |  |  |  |  |  |
| Networking/building relationships |  |  |  |  |  |
| Understanding/knowledge of DV/SA movement/history |  |  |  |  |  |
| Understanding prevention/social norm change work |  |  |  |  |  |
| Board development |  |  |  |  |  |
| Organizations assessments |  |  |  |  |  |
| Public policy work |  |  |  |  |  |
| Emotional & social support |  |  |  |  |  |
| Strategic planning |  |  |  |  |  |
| Leadership strategies & techniques |  |  |  |  |  |
| Movement building |  |  |  |  |  |
| Creating a diverse organizations |  |  |  |  |  |
| Sustainability |  |  |  |  |  |

Please list/define other strengths if not listed above:

**Areas Seeking Support**

|  |  |
| --- | --- |
|  |  |
|  | Personnel management. |
|  | Fiscal health/management |
|  | Organizational culture/trauma |
|  | Understanding government grants & grant systems |
|  | Networking/building relationships |
|  | Understanding/knowledge of DV/SA movement/history |
|  | Understanding prevention/social norm change work |
|  | Board development/working relationships |
|  | Organizations assessments |
|  | Public policy work |
|  | Emotional & social support |
|  | Strategic planning |
|  | Leadership strategies & techniques |
|  | Movement building |
|  | Creating a diverse organizations |
|  | Sustainability |

Please list/define other areas where seeking support if not listed above:

**Individual Goals:**

We want to know what individual goals you have coming into the Peer Support Program to assist us in making a good peer partner match.

What are the top 1 – 3 things that you want to get out of your participation in the Peer Support Program?

**Preferences:**

We are asking each peer support team to meet face-to-face at least once and to connect monthly. Teams may choose to meet more often. In making a match, it is helpful to know your preferences for style and frequency of connecting.

How do you prefer to make connection:

* Primarily in-person
* Primarily by phone
* Combination of in-person & phone
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How frequently do you anticipate connecting with your partner:

* Monthly
* Weekly
* On an “as needed” basis
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_