



*Maine Alliance for Addiction Recovery*

**MAAR**

**Maine Alliance for Addiction Recovery - Recovery Coach Academy Application :**

Office use only:

Training start date:

Training Site:

Training City:

**Candidate Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Address 2: \_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please return application to the Maine Alliance for Addiction Recovery, 295 Water St. Suite 108, Augusta, ME 04330, or fax to: 622-4113

Briefly describe your professional experience with Addiction Recovery. If relevant.

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Explain why you are interested in Recovery Coach Training. And how you plan to use it?

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Explain why you or your organization is interested in Recovery Coach Training?:

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How will Recovery Coaching be used in the delivery of services? Please be specific in describing how you intend to utilize Peer Recovery Coaches?

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