

## “Division of Peer-Based Services” 9-Month Internship Program

The RAMS Peer Internship Program is with the “Division of Peer-Based Services” for individuals with lived experience who are a consumer of behavioral health services, a former consumer, a family member of a consumer, and/or currently a peer provider working for a community agency providing behavioral health services.

The Internship Program encourages both Consumer and Peer Practitioner to utilize lived life experience, when appropriate and at discretion of the peer, in peer-to-peer service settings to benefit the wellness & recovery of other peer members / clients being served.

Our internship schedule complements the busy lifestyle of a working adult who is looking to fortify skills, build community & peer network, and gain more knowledge of behavioral health services. Peer Interns work in a variety of roles during the course of scheduled rotations between sites with other Peer Interns, including but not limited to: peer counselors at community-based mental/behavioral health sites, system navigators in direct service as health care enrollers, in front-line of customer service with current or new consumers of Behavioral Health Services, administrative support for behavioral health programs & initiatives, and co-facilitators of a variety of peer support groups.

The Internship Program offers a collaborative learning – peer supported environment, in which Peer Interns work with other Peer Practitioners throughout the 9-month program. Peer Interns will receive weekly supervision and also attend at least two formal trainings per month provided by RAMS for additional professional development.

The Internship Program also provides weekly group supervision from a Peer Supervisor, as well as ongoing individual supervision from a site supervisor.

The Peer Internship Program is a 9-month, 20 hours/week, paid (\$12.25/hour), under RAMS “Division of Peer-Based Services”.

The Internship Program respects your privacy and adheres to the confidentiality rules and regulations that apply. Should you have any questions, please feel free to contact us at (415) 579-3021 or [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).

Thank you for your interest in the Peer Internship Program.

To apply, RAMS must receive your *completed* application, copy of proof of San Francisco residency (Driver’s License or CA State ID), a copy of your most recent diploma or transcript (official/unofficial), and your personal statement by **October 2, 2015 at 5:00pm.**

“Division of Peer-Based Services” Notification of application status will be sent to the mailing/email address(es) noted on the application. For Fall 2015, the Peer Internship Program will accept nine (9) applicants. Below is a summary of the application and notification timeline:

### **APPLICATION DUE DATE:**

**October 2, 2015 by 5:00pm**

### **Notification of Application Status**

**Week of October 19<sup>th</sup>**

### **Registration Forms Due Date**

**October 28, 2015**

### **Internship Start Date**

**November 2, 2015**

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**In order to qualify for this internship, please note that you must meet the following requirements:**

- At least 18 years of age,
- Resident of San Francisco,
- Have successfully completed at least a High School education or GED,
- Be able to work 20 hours/week in a behavioral health care setting, AND
- Commit to the full 9 months of the internship

This program is funded by MHSA and other sources through the San Francisco Department of Public Health, Behavioral Health Services. As such, the Internship Program is targeted to individuals with lived experience with community behavioral health systems of care, and/or their family members.

The program respects your privacy and adheres to the confidentiality rules and regulations that apply.  
Your application's information will not be shared with anyone without your prior consent.  
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**“Division of Peer-Based Services” – Peer Internship Program  
2015 Application Form (Please Print Clearly)**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ E-mail address \_\_\_\_\_

Phone number where we can call you \_\_\_\_\_ Best time to call you \_\_\_\_\_

**\*\* Please attach proof of San Francisco Residency with the application (e.g. Driver’s License or CA State ID).**

**How did you hear about this Internship?**

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

**Have you or a family member (currently or in the past) had personal experience with community behavioral health services in San Francisco (such as, received services, enrolled in vocational training program, or a similar service from a San Francisco community agency)?**

\_\_\_\_\_

**Other than English, please list all the languages you speak well enough to potentially provide services in:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Check the box that reflects your highest level of education completion:**

- High School diploma     GED/High School Equivalency
- Associate Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)
- Bachelor’s Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)
- Master’s Degree (Major: \_\_\_\_\_ School/Institute: \_\_\_\_\_)

**\*\* Attach a copy of your most recent diploma or transcript (official or unofficial). If you need help obtaining the transcripts, please contact us by phone at 415.579.3021 or by email [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).**

Please list two professional or personal references (example: professional – last employer, former teacher, etc.; personal reference – neighbor, friend, roommate, etc.). Please inform your references that we may be contacting them.

Name	How do you know them?	Contact Information (email and/or telephone number)

**\*\* Please attach a personal statement to the application.** In your personal statement, please tell us about each of the following (up to four pages typed or eight pages handwritten):

- About yourself.
- Reasons why you want to become a Peer Intern
- How you hope to utilize the learned skills to contribute to the counseling field.
- In order to be able to support others in their recovery, it is important for the peer provider to be actively engaged in her/his own recovery. Please describe what wellness & recovery mean to you.
- It takes a lot of commitment to complete this internship; what challenges might you anticipate for yourself, and how could you manage them?

**\*\* Please read and initial each paragraph, then sign below.**

I certify that I have not purposely withheld any information that might negatively affect my chances for acceptance. The answers given by me are true & correct to the best of my knowledge and ability. \_\_\_\_\_ **(Initial)**

I permit the Peer Internship Program to contact the references I provided. I authorize the references I have listed to provide any information about my related experiences, without giving me prior notice of such disclosure. \_\_\_\_\_ **(Initial)**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Application Packet Checklist**

I have included all of the following in my application:

- Completed Application Form, including initials and signatures at places indicated.
- High School / College Diploma and/or Transcript OR
- In process of obtaining transcript/diploma/proof of GED from:
  - Name of school/institution: \_\_\_\_\_
  - What steps you have taken to obtain the document? \_\_\_\_\_
  - When we should be expecting the document? \_\_\_\_\_
- Proof of San Francisco Residency (copy of driver's license or state ID)
- Personal Statement (up to four pages typed or eight pages handwritten)

To apply, RAMS must receive your *completed* application packet no later than **October 2, 2015 at 5pm:**

1. Drop off or mail to: RAMS c/o Peer Internship Program, 639 14<sup>th</sup> Avenue, San Francisco, CA 94118 **or**
2. Email a scanned copy of the application packet to [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org)

You will be contacted regarding the course at the address, phone number, or email you provided. If you have any questions or need help with this application, please contact us at 415.579.3021 or [peerinternship@ramsinc.org](mailto:peerinternship@ramsinc.org).

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

**\*\* OPTIONAL DEMOGRAPHIC INFORMATION \*\***

**This information is for data collection purposes only. The Peer Internship Program respects your privacy and we are bound by the confidentiality rules and regulations that apply.**

**Race/Ethnic Background (check all that apply):**

- White/Caucasian
- African American/Black
- Hispanic, Latino/a, or Spanish Origin  
Please Specify: \_\_\_\_\_
- Native American or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (e.g. Hmong, Thai, Pakistani, Cambodian, etc.)  
Please Specify: \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (e.g. Fijian, Tongan, etc.)  
Please Specify: \_\_\_\_\_
- Other: \_\_\_\_\_

**Sexual Orientation:**

- Heterosexual: Opposite Sex
- Lesbian: Female/Female
- Gay: Male/Male
- Bisexual: Both Male & Female
- Unsure
- Other: \_\_\_\_\_

**Gender:**

- Male
- Female
- Transgender (Female to Male)
- Transgender (Male to Female)
- Other: \_\_\_\_\_

**Age:**

- 18 y.o.-24y.o.    25 y.o. -59 y.o.    60+ y.o.

**Primary Language:** \_\_\_\_\_

**Other Languages/Dialects Spoken:**

\_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Year of Entry into the U.S.:** \_\_\_\_\_