



National Alliance on Mental Illness

# NAMI San Mateo County

## Peer PAL Application

### PEER ASSOCIATE LEADERSHIP AND SUPPORT (PALS) PROGRAM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_; Email: \_\_\_\_\_; Best time to call: \_\_\_\_\_

*Please note that all of your answers will be held in strict confidence.*

1. How did you hear about the Peer PALS Program?
2. Why are you interested in being a Peer PAL?
3. Have you completed the NAMI Peer to Peer Recovery Education program; the Peer Mentor program through the College of San Mateo, or do you have any other special training which might be useful for our program? If YES, please describe.
4. Please describe any experiences you have had working/helping others.
5. What are some of your recreational interests?
6. What are some of your favorite activities or hobbies?
7. How do you rate how isolated you feel now? On a scale of 1 – 5 where 5 = not at all isolated or extremely isolated \_\_\_\_\_

8. Using the following list please circle 3 to 7 words which best describe you. Please add any other qualities or characteristics that you would like us to know about.

considerate	sensitive	cheerful	spontaneous
home body	ambitious	reserved	easygoing
responsible	intellectual	casual	open
generous	honest	warm	careful
independent	private	organized	proud
sad	emotional	feminist	macho
emotional	competitive	solitary	aggressive

9. Some peers are likely to want a Peer PAL in their age range. With that in mind, we ask you to indicate your age range:

18 - 28 \_\_\_\_ 29 - 35 \_\_\_\_ 35 - 45 \_\_\_\_ 45-55 \_\_\_\_ over-55 \_\_\_\_

10. Some peers may also want a Peer PAL who has the same, or similar diagnosis, thereby having a better understanding of what they're going through. With that in mind, please indicate your diagnosis (this is optional, but we want to make the best matches for our peers):

Bi-Polar \_\_\_\_; Major Depression \_\_\_\_; Schizophrenia \_\_\_\_; PTSD \_\_\_\_; \_Other \_\_\_\_\_

11. Can you commit to following the job description and to a six month match with your peer?

Yes \_\_\_\_ No \_\_\_\_ Not Sure \_\_\_\_ (please explain if you are "Not Sure")

\_\_\_\_\_

12. What kind of transportation will you use to visit your peer? Own car \_\_\_\_ Bus \_\_\_\_

Other (please describe) \_\_\_\_\_

13. Are there any substance abuse issues that might influence your ability to work with Peer Pal? If so, how are you handling them? \_\_\_\_\_

14. Do you smoke? Yes \_\_\_\_ No \_\_\_\_

15. How many days out of the last year did you spend in an acute care psychiatric facility as an inpatient? \_\_\_\_\_

16. How do you rate how you feel about your recovery (5 very hopeful)? Very Hopeful 1 2 3 4 5 Not at all Hopeful

**ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW/COMMENTS:**

**THANK YOU!** We will be in touch shortly.

**Mail/scan your completed application to:**

Rocio Cornejo, Peer PALS Coordinator  
NAMI San Mateo County  
1650 Borel Place, Suite 130; San Mateo, CA 94402  
or email [peerpals@namisanmateo.org](mailto:peerpals@namisanmateo.org)