



NAMI  
National Alliance on Mental Illness

McHenry  
County

## RSS/FPP Internship Application

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have your own transportation?      Yes \_\_\_\_\_      No \_\_\_\_\_

What language(s) do you speak fluently? \_\_\_\_\_

Are you comfortable with self-disclosure?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are you willing to undergo a background check if required?      Yes \_\_\_\_\_      No \_\_\_\_\_

List NAMI and other recovery programs you have participated in: \_\_\_\_\_

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

Why do you want to be a Recovery Support Specialist? \_\_\_\_\_

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What does recovery mean to you? \_\_\_\_\_

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What do you do stay in recovery? \_\_\_\_\_

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How do you think being diagnosed with a mental illness affects an individual's plans, hopes and dreams for their future? \_\_\_\_\_

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