

Community Support Reference Form

Please select an individual from your community to complete this form who can attest to your suitability of becoming a Companionship Instructor. It is important that this individual knows you and your work well enough to be able to thoughtfully and completely respond to the all questions below.

Please share this document with your chosen reference. When completed, please have your reference return this form to you so that you can submit it with your application.

**First and Last Name:** \_\_\_\_\_

**Community Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**1. How long have you known this applicant?**

**2. What is your relationship to this applicant?**

**3. Please describe the role and responsibilities that you believe this applicant is taking if s/he becomes a Companionship Instructor.**

**4. Why do you think this individual would be successful in training others in Companionship?**

**5. How would you describe the candidate's attitude towards people who are different from her/him, are marginalized, or are suffering from homelessness, mental illness, substance use disorder, or trauma?**

**Please rate the applicant in each of the following categories:**

	Poor	Below Average	Average	Very Good	Excellent
Knowledge of Mental Health					
Ability to effectively facilitate a full day training with up to 30 people					
Ability to engage with audiences that are very diverse in terms of their knowledge base and beliefs about mental health, substance use, and marginalized groups					
Ability to listen well and respond compassionately					
Ability to engage others respectfully and with dignity					