



OPEN DOORS PEER ADVOCATE APPLICATION

First Name	Middle Initial	Last Name	Date
Home Address		City	State ZIP
Home Telephone Number	Mobile Telephone Number	Work Telephone Number	
Email Address		Alternate Email Address	
Employer			
Job Title	Length of Employment	Supervisor Name	
Drivers License/ID Number and State		Date of Birth	

Have you been a recipient of long-term care services and are you comfortable referring to that experience when meeting with individuals interested in transitioning? Yes No

Do you have military experience or are you a veteran? Yes No

Why do you want to be a peer advocate? _____

Can you meet with interested individuals whenever the program requires? YES NO

Do you have access to reliable transportation? Yes No

What times can you meet with interested individuals? (Circle All That Apply)

Mornings During Lunch Afternoons After 5:00 pm Weekends Regular Business Hours

Do you have any hobbies, special skills, or career knowledge? _____

Would you prefer to be matched to an individual with a particular interest, gender, or other attribute?

Do you have experience working as a peer advocate in other systems?

Can you read or speak languages in addition to English? _____

Self Assessment:

Please rate your knowledge and skills in the following areas. "0" is for little knowledge. "3" is for expert level knowledge.

Item	0	1	2	3
Peer support and advocacy				
History of Disability Rights and Independent Living				
Motivational Interviewing				
Strategic Sharing				
Strength-based approaches				
Self-care				
Finding and connecting to community resources				

Short answer questions:

Please give us detailed answers to all of the following questions. If you are not typing this, you can attach another piece of paper.

Why are you interested in being a peer advocate?

Describe how gaining experience as a peer advocate fits into your goals.

Describe how you will use your professional and personal experience as a peer advocate.

References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year).

Reference 1

Name	
Relationship	
Address	
Telephone	

Reference 2

Name	
Relationship	
Address	
Telephone	

Reference 3

Name	
Relationship	
Address	
Telephone	

The New York Association on Independent Living (NYAIL) is working with the New York State Department of Health (DOH) and the New York State Office for People with Developmental Disabilities (OPWDD) to implement the Money Follows the Person demonstration (Open Doors). Independent Living Centers will hire peers to go into long term care facilities and provide peer support to individuals interested in transitioning.

Peer Qualifications:

- Experience as a Peer or comparable peer employment
- Must have been a recipient or family member of a recipient of long term care services and/or receiving services at home or in the community and must be comfortable in referring to that experience when delivering trainings
- Demonstrated ability to engage with diverse groups
- Ability to collaborate with other trainers and identified stakeholders
- Must have access to reliable transportation

Status and Compensation:

- Peers will be utilized as requests for peer services are received.
- The hiring Independent Living Center determines the rate of compensation for peers.

Commitment Requirement:

- Complete the mandatory eight-hour training session within two months of employment
- The time commitment for each session includes: preparation, travel, one or two hours of meeting, and post reporting.
- Must be willing to participate in occasional Peer training opportunities and meetings.

Application Process:

Applications are accepted on an ongoing basis. Please submit the following:

- The application and current resume.

Applications should be sent to:

Mail to: New York Association on Independent Living
Attn: Kathryn Bell
155 Washington Avenue,
Suite 208
Albany NY 12201

Email to: kbell@ilny.org
Use the Subject "Peer Application"

Fax to: Attn: Kathryn Bell, 518-465-4625

Questions?: Contact kbell@ilny.org or 518-465-4650 x122

The New York Association on Independent Living (NYAIL) is a statewide, not-for-profit membership association created by and composed of Independent Living Centers across New York State. NYAIL's mission: NYAIL leads statewide Independent Living Center efforts to eliminate physical and attitudinal barriers to all aspects of life and to fight for the civil rights and full independence of all people with disabilities. NYAIL's vision: NYAIL envisions a future where people with disabilities have equal opportunity to live a life free of poverty, segregation, and discrimination.