



NAMI
National Alliance on Mental Illness

San Mateo County

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 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? Not isolated 1 2 3 4 5 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 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 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. Because each individual is responsible for their own transportation, 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 a Peer? 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? Not at all hopeful 1 2 3 4 5 Very 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