



LIVE FREE
RE-ENTRY
a project of QRE.org

Community Coach Application

First Name:	M.I.:	Last Name:
Address:		
City:	State:	Zip:
Cell Phone:	Alternate Phone:	Email:
Emergency Contact:	Cell Phone:	Relationship to you:

Skills check list: (please check boxes only in the areas in which you are competent)

- | | |
|--|---|
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Leading Groups |
| <input type="checkbox"/> Art | <input type="checkbox"/> Education |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Music | <input type="checkbox"/> Other |

Comments:

Personal Assets and Strengths:

Personal History

Are there any special needs or circumstances we should know about? *(Answering yes to this question does not eliminate you from being a Community Coach. It may serve as a match to a participant.)*

Yes _____ No _____

If yes, please explain:

Do you have any work experiences, talents or educational experience you would like to share?

Are you a person in recovery? Yes _____ No _____

Length of sobriety: _____

Do you own a vehicle? Yes _____ No _____

How did you hear about the Community Coach Program?

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected.

Print Name

Signature

Date