

# Fraser Health Youth Peer Support Worker Training

## Criteria for applying:

Youth/Young adults between the ages of 18-27 who:

- ✓ Have lived/living experience with mental health and/or substance use challenges
- ✓ Have a minimum of 6 months reasonable wellness, a personal wellness plan, and a support network so they can take on the responsibilities of supporting youth
- ✓ Are open to sharing aspects of lived experience with service providers, young people, and families
- ✓ Have a passion for developing new relationships and spending time with youth and young adults
- ✓ Have good communication and time management skills
- ✓ Have regular access to a computer and check email regularly
- ✓ Are able and willing to travel in the Fraser Health region, including Maple Ridge and Pitt Meadows, multiple times a week
- ✓ Are able and willing to make a commitment to:
  - Ten week hybrid (in person and on Zoom) training program (2 days per week, 3 hours per day)
  - Sixty (60) hour practicum working with youth within the Fraser Health region following completion of training (5-10 hour time commitment per week)

## What you need to know:

- ✓ A completed reference form from a professional that has worked with the youth in a helping role and can comment on the young person's wellness, strengths, and areas of growth such as a Psychiatrist, Psychologist, Counsellor, Mental Health Worker, Social Worker, Elder, or Teacher, must be included with the application or shortly after
- ✓ Applicants will be interviewed prior to acceptance into the training
- ✓ Opportunity for a paid job contract following successful completion of the practicum (up to 100 hours)
- ✓ A criminal record check is required as this training involves working with vulnerable youth and young adults. Information on obtaining a criminal record check will be provided upon acceptance to the training
- ✓ **As per the guidelines set by the Provincial Health Officer all successful applicants will be required to have their second dose of the COVID-19 vaccine and documentation**

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Applications can be sent to: [youthpeersupport@fraserhealth.ca](mailto:youthpeersupport@fraserhealth.ca)

# Application for Youth Peer Support Training

## Personal Information:

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Education:

## Work / Volunteer / Other Experience:

## Hobbies / Interests / Recreational Activities:

**Tell us about yourself...**

1. What is your interest in applying to become a Peer Support Worker?
2. What qualities, skills and talents do you bring to the role of Peer Support Worker?
3. What does the term “recovery” mean to you and how have you applied this meaning to your own life?
4. What does the term “culturally responsive” mean to you?

5. How have people in your life contributed to your wellness journey?

6. How do you deal with conflict or other difficult situations? Tell us about a past situation and what you did to resolve the situation.

7. What benefits do you see for yourself in being a peer support worker? How would it contribute to your personal growth and future goals?

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**CERTIFICATION:** My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information could result in refusal or discharge from the program. I also authorize my reference to provide information about my abilities, skills, and qualifications.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_