

# PoWeR Group Application

*"We reduce stigma and discrimination  
by speaking out for wellness and recovery."*

If you would like to join your peers in promoting recovery throughout the community with the PoWeR group, please complete the following application. You can drop this completed application off in person at the address below. You can also turn this completed application in by email, mail or fax. If you would like, you may schedule an appointment to fill out this application at your initial interview with our PoWeR Group Coordinator.

For more information, contact:

***Shawna Nolan***  
***(269)210-7224 (cell)***  
***snolan@recoverymi.org***



1020 South Westnedge, Kalamazoo, MI 49008 ☐ 269-343-6727 ☐ www.recoverymi.org

Thank you for your interest!

**Application Instructions:** This group has some requirements for joining and this application is a good way to get to know you. Please answer the following questions to help further this process; we can either go over the application with you, or schedule the interview after your application is submitted.

Date: _____					
Last Name: _____		First Name: _____		MI: _____	
Street Address: _____					
City: _____		State: _____		Zip: _____	
Cell Phone: _____			Email: _____		

Will you be available to attend our PoWeR Group Strategy Meetings that are held from 9:00APM - 10:00 AM on the 1st and 3rd Fridays of each month? \_\_\_ Yes \_\_\_ No

What days and times are you available for Power Group Presentations?															
<b>Monday</b>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>	Evening	<input type="checkbox"/>	<b>Tuesday</b>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>	Evening	<input type="checkbox"/>	<b>Saturday</b>	<input type="checkbox"/>
<b>Wednesday</b>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>	Evening	<input type="checkbox"/>	<b>Thursday</b>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>	Evening	<input type="checkbox"/>	<b>Sunday</b>	<input type="checkbox"/>
<b>Friday</b>	am	<input type="checkbox"/>	pm	<input type="checkbox"/>	Evening	<input type="checkbox"/>									

Please answer the following questions:

Are you currently working and if so where? \_\_\_\_\_  
\_\_\_\_\_

Please describe what "peer support" means to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what "recovery" means to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been in recovery?:

\_\_\_\_\_

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Please describe the ways in which you take care of your recovery (meetings, therapy, classes, support groups, etc.):

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How long have you been coming to Recovery Institute and what classes or events have you attended? \_\_\_\_\_

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Please describe the ways you have been active in your community in the past six months:

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Why would you like to be a member of PoWer Group?

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Is there anything we forgot to ask that you think is important?

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**References:**

List 3 character references, not related to you:

	Name	Address	Phone	Title
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the statements on this document are true to the best of my knowledge. I realize that all the information furnished by me is important and that The Recovery Institute of Southwest Michigan will rely on this information in approving my membership with the PoWeR Group. I hereby authorize all acquaintances and previous employers to cooperate with this agency and to release on a confidential basis any information they may have concerning me. I agree to abide by all agency rules and regulations.

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Signature of Applicant	Date
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Please return all applications to the Recovery Institute in person, by fax, mail or email.

Thank you,  
**Shawna Nolan**  
**PoWeR Group Coordinator, CPSS, CRC**  
Team Victory  
Recovery Institute of Southwest Michigan, Inc.

*If you would like to **become an RI Volunteer**, please ask to fill out one of their applications 😊*