



Lighthouse Recovery Community Center (LRCC)

Recovery Coach Academy Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Lived Experience Information

Describe the lived experience you have with recovery or with someone close to you that has Substance Abuse Disorder?

Are you interested in working in recovery support services? Explain?

How do you plan to use the Recovery Coach training in your day to day life?

References on back side

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

May we contact your references? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that this application will be reviewed and it does not guarantee that the applicant will receive a scholarship.

Signature: _____ Date: _____