



# 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?

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

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

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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: \_\_\_\_\_