

**CONSENT TO SERVE AS A CONVENER**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STREET CITY STATE ZIP**

**Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the following questions:**

1. **Why do you want to be a Peer Support Convener?**
2. **Are you a member of any community-based support groups such as AA or NA? Please list:**
3. **What is you sobriety date?**
4. **What is your total time in recovery?**
5. **What skills do you possess that will assist you in working as a convener?**
6. **Are you able to commit to attending up to two (2) meetings per month and an annual convener meeting?**
7. **Are you committed to support and an abstinence-based recovery program?**

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**Education:**

**Professional Experience:**

**Volunteer Experience (include offices held):**

**Are you or has someone close to you been affected by substance use disorder?**

**If accepted as a convener, I promise to serve to the best of my ability in the best interest of nurses and the Nursing Peer Support Network.**

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

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

**Scan and send COMPLETED FORM TO: Deborah Matthias-Anderson at** **dmatthiasanderson@gmail.com**

**Or mail via USPS to: Deb Matthias-Anderson, NPSN Executive Director, 8362 Tamarack Village, Suite 119, Box 181, Woodbury, MN 55125**

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