Thank you for your interest in becoming a Recovery Support Peer for Cross Over Ministries. Serving in this capacity is an experience that will give you the opportunity to grow in your relationship with the Lord and with others. You will be actively involved in helping people with mental health conditions and/or substance use disorders discover their own recovery and wellness journey. You will also be contributing to the vision and mission of COM and our Board will be relying upon you to give us advice regarding specific goals and the actions required to meet them.

We want you to have a clear understanding of the role you will play in shaping our Ministry and the personal commitment of time and training you will need to make if you are voted by the Board to become a Recovery Support Peer. We also want you to know of our commitment to you. That is why you may find it helpful to review our website, [www.crossovernfp.com](http://www.crossovernfp.com), this application, our mission and vision statements and the Cities of Refuge, the biblical basis for this ministry.

Your application will be kept confidential and on file with our Secretary. It will not be used for any other purpose than to identify and evaluate potential Recovery Support Peers. All new Recovery Support Peers are voted on by our current Board Members and approved by a 2/3 majority vote.

We welcome any questions you may have prior to completing this application. We pray that the Lord will lead you as you make this important decision to apply to become a part of the Cross Over Ministries’ Team.

In His Hope,

The Board of Cross Over Ministries

**CROSS OVER MINISTRIES**

**RECOVERY SUPPORT PEER APPLICATION**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE\_\_\_\_\_\_\_\_

TELEPHONE (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CHURCH AFFLIATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT INVOLVEMENT WITH SPECIFIC ORGANIZATIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FORMER/CURRENT EMPLOYER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REFERENCES (Please list at least 3 references)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How will your faith and your relationship with Jesus Christ positively impact Cross Over Ministries and the people you will be supporting in their recovery and wellness journey?

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What do you believe are the necessary qualities and character traits of a RSP?

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Briefly describe your own recovery and wellness journey:

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What gifts, talents, interests and skills would you like to develop that will enhance your ability to be an RSP?

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What are some of your future goals? How can Cross Over Ministries help you achieve them?

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Will you be able to commit to being employed by Cross Over Ministries as a Recovery Support Peer for at least one year after you have completed the six-month training program?

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What else would you like us to know about you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE NOTE:** Cross Over Ministries’ Board reserves the right to request information from

all employers and other persons listed on the application form. We will be doing a background check. An oral interview with the Cross Over Ministries’ Board will be requested within two (2) weeks of receipt of the completed application. This information will be used strictly to determine if you will be considered for the six-month training program and future employment by Cross Over Ministries. This information is not available to other persons without the written consent of the applicant.

By signing this application, you agree to allow Cross Over Ministries request information from previous employers and persons listed on this application form. You also give us permission to do a background check.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE**

“I give my permission for the Cross Over Ministries Board and staff to investigate my background as it relates to information contained in this applicationfor training of and employment as a Recovery Support Peer for Cross Over Ministries. I understand that intentional omissions or intentionally false or misleading statements shall result in my application being denied.”

“I consent to the release of information contained in my application and other pertinent data submitted to Cross Over Ministries to Officers, Board Members and staff of the aforementioned Board. I also consent to allowing Cross Over Ministries complete a background check.

“I further agree to hold Cross Over Ministries, its Officers, Board Members , volunteers and employees free from civil liability for damages or complaints by reason of and action that is within the scope of the performance of their duties which they may take in connection with this application and/or in connection with my application being denied to be trained as or employed by Cross Over Ministries as a Recovery Support Peer”.

“I hereby affirm that the information provided on this form and my application for Recovery Support Peer for Cross Over Ministries is true and correct.”

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

**PRINTED NAME OF APPLICANT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SIGNATURE OF APPLICANT DATE**

**CROSS OVER MINISTRIES**

**CODE OF ETHICS FOR RECOVERY SUPPORT PEERS**

In addition to the Cross Over Ministries’ Code of Ethics, this Code of Ethics applies to Recovery Support Peers for their welfare and protection as well as the welfare and protection of the people they serve and for Cross Over Ministries:

**LEGAL AND MORAL STANDARDS**

* Show respect and regard for the laws of the communities and state in which they work
* Protect and value the welfare and dignity of persons served to include no physical, verbal or financial abuse
* Respect the dignity of their position and themselves by not abusing drugs or alcohol, legal or otherwise
* Speak up for yourself when your own recovery and wellness is being impeded by being a Recovery Support Peer

**NON-DISCRIMINATION**

* As stated in the Cross Over Ministries Bylaws, Recovery Support Peers must not discriminate against individuals based on race, religion, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition

**PROFESSIONALISM AND RELATIONSHIPS**

* RSPs shall not enter into any recovery support relationships with members of their own family, with close friends, with persons closely connected to them or others whose welfare may be jeopardized by such a dual relationship
* All services provided by an RSP will be done in a respectful manner and in an appropriate environment
* Recovery Support Peers shall not charge or collect a private fee for their services
* Recovery Support Peers shall not engage in any sexual relationships, conduct or contact with those whom they serve during the time of the recovery support relationship or for at least one year thereafter
* If you sense that someone you are supporting is becoming too emotionally dependent on you, immediately discuss the situation with your manager and/or the Board of Cross Over Ministries

**COMPETENCE**

* Recovery Support Peers shall not offer services outside their range of competence

**CONFIDENTIALITY**

* Recovery Support Peers shall guard confidences and shall reveal such confidences only in compliance with the law or only when there is a clear and imminent danger to an individual or society
* At the beginning of the recovery support relationship, RSPs will explain relevant limitations of confidentiality
* RSPs will explain that confidentiality cannot be guaranteed in group settings and communicate such to group members
* In a situation where another RSP violates the Code of Ethics, it is the obligation of any RSP who knows first-hand of the activities to attempt to rectify the situation. If the situation is not rectified, then the RSP shall share the information with their manager and/or the Board of Cross Over Ministries

**These guidelines are established for several reasons, the first being that Cross Over Ministries mission has been and always will be Christ-Centered. Second, we value you and respect your desire to participate in the Kingdom purpose of supporting people with mental health conditions and/or substance use disorders. And third, we believe that Jesus Christ wants His people to live in recovery and wellness and purpose, and we know you will be a vital part of helping others to live abundantly.**

**A violation or violations of the Code of Ethics/Conflict of Interest and/or actions that adversely impact Cross Over Ministries, its Board, Members, the people we serve, and/or staff may result in disciplinary action up to and including termination.**

**“I have read the Recovery Support Peer Code of Ethics and agree to comply with it to the best of my ability. In the event that I am unsure if I have violated any of the aforementioned Ethics, I will discuss it with my manager and/or the Board of Cross Over Ministries. I will also be proactive in helping Cross Over Ministries to not only maintain a ministry of ethics, hope, opportunity, mercy and encouragement, but to represent the Ministry and Jesus Christ both in my professional and personal life.”**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE**

Please circle one selection from each of the following areas:

**Ethnic Origin:** Asian or Pacific Islander; Black/African American; Caucasian;

Native American or Alaskan Native; Other

**Highest Education Level Completed:** No High School Diploma or GED;

High School Diploma or GED; Vocational Certification; Associate of Art or Science;

Bachelor of Arts or Science; Master’s Degree; Doctorate

Briefly describe why you are interested in becoming a Recovery Support Peer: