

NAVY DRUG AND ALCOHOL COUNSELOR TRAINING APPLICATION

PRIVACY ACT STATEMENT

Authority to request this information is derived from 5 U.S.C. 301, E.O. 9397, SECNAVINSST 5300.28B, and OPNAVINST 5350.4B. The information will be used by officials of the Department of the Navy to identify and select training candidates for the Navy Drug and Alcohol Counselor School. Completion of this form is voluntary; however, failure to provide the requested information may result in your application not being considered.

PART I. Instructions for Using the Counselor Training Application

IMPORTANT -- PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE LEAVING THIS FACILITY

Thank you for expressing interest in the Navy drug and alcohol counselor training program. The attached Counselor Training Application is the first step in the interviewing process.

Please read through the application in order to familiarize yourself with its content before you begin to write. Answer each category as honestly and thoroughly as you can; the application is designed in such a way as to provide a profile of each candidate applying for training. Be sure to fill out your application in pen (either blue or black ink) and in your own handwriting -- DO NOT TYPE OR COMPUTER PRINT YOUR APPLICATION.

After your application has been completed you will need to schedule an appointment with a counselor (only a certified drug and alcohol counselor is qualified) to conduct an interview, usually within two days of completing your portion of the application package.

In reviewing this application, please give serious consideration to how prepared you are to apply for, and possibly be accepted into, the Navy drug and alcohol counselor training program. Be sure to request from your interviewer a thorough description of the school and the job of a drug and alcohol counselor if you are new to this field.

Thank you for your cooperation in completing this application. This form will be carefully reviewed only by those persons who are affiliated with the screening process.

WE STRONGLY RECOMMEND AND ENCOURAGE APPLICANTS TO SPEND ONE TO TWO WEEKS AT A LEVEL II OR LEVEL III FACILITY AND ATTEND TWELVE STEP MEETINGS AS A PART OF THEIR APPLICATION PROCESS.

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PERSONAL DATA

Have you ever been diagnosed as a chemical abuser? Yes: _____ No: _____

Have you ever been diagnosed as chemically dependent? Yes: _____ No: _____

If no, describe your present use of mood-altering chemicals (including beverage alcohol): _____

Have you ever been diagnosed as obese or a compulsive overeater?

Yes: _____ No: _____

Have you ever been diagnosed with anorexia nervosa or bulimia nervosa?

Yes: _____ No: _____

If you answered yes to any of the above questions, provide length of abstinence from alcohol/drugs/compulsive overeating/anorexia nervosa/bulimia nervosa and a brief description of how this is maintained:

Has abstinence been continuous? Yes: _____ No: _____

If no, please explain: _____

List approximate date(s) of any rehabilitation/treatment and name/location of the facility: _____

What currently prescribed medications or over-the-counter medications are you using?

	<u>Drug/Brand Name</u>	<u>Daily Dose</u>	<u>Purpose</u>	<u>Period of Use</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Has there been a time in your life when you were considering therapy or thought therapy might have been useful? Yes: _____ No: _____

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If yes, please explain: _____

Have you been in therapy or counseling in the last two years?

Yes: _____ No: _____

If yes, do you think the therapy is/was beneficial? Yes: _____ No: _____

If yes, briefly explain: _____

Describe your past and/or present association with Twelve Step self-help (e.g. AA/NA/AL-ANON) or other support programs: _____

Do you possess any strong religious beliefs which you think may impact, in a positive or negative way, working with substance abusing patients?

Yes: _____ No: _____

If yes, briefly discuss: _____

FAMILY MEMBERS

NAME

AGE

MARITAL STATUS

Father: _____

Mother: _____

Stepfather: _____

Stepmother: _____

Brother/Sisters (include half and step as well as adopted, indicating which.) (Use back of page if needed.)

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NAME

AGE

MARITAL STATUE

Spouse (If divorced, so indicate): _____

Previous spouse(s) (Indicate date(s) of divorce/death):

Sons/Daughters (Include step/adopted children as well, indicating which):

If you were not brought up by your parents who did rear you and between which years of age? _____

Is there a history of chemical dependency or obesity in your family?
Yes: ____ No: ____

If yes, check those family members who have had a problem and indicate if it was treated or untreated:

____ Mother _____	____ Grandparents _____
____ Father _____	____ Aunt(s)/Uncle(s) _____
____ Brother(s) _____	____ Your son(s)/daughter(s) _____
____ Sister(s) _____	_____
____ Husband _____	____ Others _____
____ Wife _____	_____

Comments or remarks on the above information:

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EDUCATION

Please circle the last year completed:

High School 9 10 11 12

Name: _____

Location: _____

Did you Graduate?	Course/Major or Degree	Grade Average
() Yes		
() No		
() Yes		
() No		
() Yes		
() No		

College 13 14 15 16 16 17 18 18+

Name: _____

Location: _____

Other

Name: _____

Location: _____

Describe other training, education or subjects of special study or re-
search related to chemical dependency you have participated in the last
five years: _____

What other special education have you had? _____

List current licensures and/or certificates together with their numbers
and expiration dates: _____

Describe any volunteer or community work which you are doing or have done: _____

(continued on next page)

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Describe your leisure activities: _____

Other information you think we should have in considering your application:

REFERENCES: Please list below the names of three persons, not related to you, whom you have known at least two years and whom we may contact.

Name: _____ Years Acquainted: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Name: _____ Years Acquainted: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Name: _____ Years Acquainted: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Please identify some examples of situations where people have come to you for help. What did you do? Examples can include home, work or social setting situations. If additional space is required, please use blank sheet.