

**vhst**

**virginia's** human services training center

Region Ten Community Services Board

800 Preston Avenue

Charlottesville, VA 22903-4420

(434) 970-2148

FAX (434) 970-1255

# Consumer Provider Training Program

APPLICATION PACKET

***DEADLINE:***

***5:00 PM on the first Friday of September***

The Consumer Provider Training Program is offered by vhst in partnership with the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Department of Rehabilitative Services, and Piedmont Virginia Community College.

**vhst** does not discriminate on the basis of age, race, sex, color, religion, national origin, sexual orientation, or handicap.

**VIRGINIA'S HUMAN SERVICES TRAINING CENTER (VHST)**

Region Ten Community Services Board  
800 Preston Avenue  
Charlottesville, VA 22903-4420  
(434)970-2148  
FAX (434)970-1255

**Application for the CONSUMER PROVIDER TRAINING PROGRAM**

*(Please print or type)*

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Street Address	City	Zip code
_____	_____	_____
Home Phone Number	Work Phone/Daytime Phone	

**EDUCATION AND TRAINING**

High School Attended: \_\_\_\_\_

Circle the highest grade completed: 7 8 9 10 11 12(graduated)

If GED, date received: \_\_\_\_\_

\_\_\_\_\_  
Name and location of College or University attended (If Applicable)

Dates attended: \_\_\_\_\_ Credits Completed: \_\_\_\_\_

Did you apply for Financial Aid during college?  YES  NO

If yes, do you owe a balance on a student loan?  YES  NO

**If you have an outstanding student loan, it must be taken out of default before you can be accepted into this program.**

Other schools attended: (Trade, Vocational, Military, Business). *Please give the name of the school, dates attended, subjects studied or certificates earned.* Attach additional sheets of paper if needed.

\_\_\_\_\_

---

---

### Volunteer Experience

Please identify agency, duties, location and dates:

---

---

---

### Work History

1. \_\_\_\_\_

Most Recent Employer

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Supervisor's Name and Telephone Number

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Job Title

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer? Yes

No  (If no, please explain)

---

2. \_\_\_\_\_

Next most recent employer

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Supervisor's Name and Telephone Number

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Job Title

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

---

May we contact this employer? Yes

No  (If no, please explain)

---

vhst  
page 3

3. Other significant employment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you currently have a valid Virginia driver's license?  YES  NO

If you do not have a current driver's license, what obstacles would interfere with getting your license?

\_\_\_\_\_

5. Do you have any current or past misdemeanor or felony charges/convictions?  YES  NO

If yes, describe and list year: \_\_\_\_\_

---

---

### Rehabilitation Services History

Within the past six months, have you been assessed for employment, education, or rehabilitation programs by DRS? If so, please list your DRS counselor's name.

DRS Counselor: \_\_\_\_\_

**If you are accepted for this training and are not currently working with a DRS counselor, you should contact the local DRS office right away to request their assistance in supporting your attendance. It is a good idea to register with them NOW if you are not currently working with them.**

**Remember, if you have an outstanding student loan, it must be out of default before you can be**

**accepted to attend this training.**

---

---

If you are accepted as a student, are there any special needs or circumstances (family, medical, health, physical disability, transportation issues, etc.) that VHST staff need to be aware of in order to help you be a successful graduate of this program? If so, please describe.

---

---

vhst  
page 4

### **STATEMENT OF INTEREST**

Please answer the following questions as completely as possible. Answer on a **separate** sheet of paper, using no more than two pages for each question.

- 1) What factors and events in your life relate to your interest in the Consumer Provider Training Program?
  
  - 2) Describe your personal strengths and weaknesses that would relate to your participation in this program. (Include such areas as academic ability, capacity to work with others, ability to deal with stress, etc.).
- 
- 

### **REFERENCES**

Please supply three (3) letters of reference, one from a previous employer/supervisor if you have worked, and two from other people not related to you who have knowledge of you, your abilities and your interests.

Include the letters with this application.

---

---

**I certify that all statements made in this application are true, complete and correct to the best of my knowledge.**



---

Date of Signature

---

Relationship of Witness to Applicant

*NOTE: VHST staff may require any enrolled student who appears to demonstrate significant alcohol/drug abuse-related behaviors or who appears to be in relapse into past addictive behaviors to take the appropriate drug screening test in order to maintain their enrollment in the training program*

*Rev.4/5/07*