



Interlink Self Help Center
1033 Fourth Street Santa Rosa, CA 95404
(707) 546-4481 Fax: (707) 546-4515

Mental Health Recovery Skills and Capacity Building Training

Registration
(Due by August 6, 2010)

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Cell Phone** _____

Why are you interested in taking this training? (Use the back if you need more room)

What do you hope to get out of this training? (Use the back if you need more room)

Contact Information and Agreement of a supporting staff from a related agency

(Agency staff are asked to commit to supporting the client's efforts in finding people with whom there can be the necessary level of safety to discuss the recovery plan to be developed in this training. This could involve meeting with the client a few times over the four week period. See the Training Explanation for Staff Support for more details.)

Name: _____

E-mail address: _____

Phone: _____

I am willing to support this person in taking this training:

Signature _____ **Date** _____