

1. Recovery Institute Level 2 - Recovery Leadership Academy

The Recovery Institute Leadership Academy engages formal and emerging leaders in a process of learning about mental health transformation, how to cultivate a culture of learning in organizations, and key issues related to recovery-oriented practice. This initiative serves as a key entry point for organizations that have not participated in previous Via Hope learning communities, although we also welcome leaders from organizations that have participated. The academy is primarily designed for participants to connect via webinar and conference call, but also incorporates an in-person launch event and regional seminars that promote networking and deeper engagement with the content. This initiative, including 2-day seminars, is intended for formal and emerging leadership of local provider and advocacy organizations.

Requirements to apply for the Recovery Institute Leadership Academy include agreement to:

Name 2 to 3 individuals from your organization to participate in all Leadership Academy activities.

These individuals:

- o are the, or have the support of the, Executive Director/Superintendent
- o include at least one Director level staff
- o include other formal or informal leaders from your organization. It is encouraged to include at least 1 person in recovery (aka consumer) in the 2-3 people recommended from your organization. This person can be a peer specialist, board member or other person involved in shaping the strategic direction of your organization.

Individuals must participate in:

- o two-day launch gathering in March, 2012 (travel stipends provided by Via Hope)
- o monthly academy calls or webinars through August, 2012
- o one two-day regional seminar in May, 2012 (travel stipends provided by Via Hope)
- o data collection through August, 2012

If you agree to the above requirements, please click next.

2. Recovery Institute Level 2 - Recovery Leadership Academy

EXECUTIVE SPONSOR, please respond to the following questions.

Please provide your contact information:

Name:	<input type="text"/>
Organization:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

***By selecting yes for each item below, I am indicating that my organization will meet the following requirements of the Recovery Institute Leadership Academy:**

	Yes
Name 2 to 3 individuals from your organization to participate in all Leadership Academy activities.	<input type="radio"/>
These individuals are the, or have the support of, the Executive Director/Superintendent.	<input type="radio"/>
These individuals include at least one Director level staff.	<input type="radio"/>
The individuals include other formal or informal leaders from your organization.	<input type="radio"/>
These individuals will participate in a two-day launch gathering in March 2012 (travel stipends provided by Via Hope).	<input type="radio"/>
These individuals will participate in monthly academy calls or webinars through August 2012.	<input type="radio"/>
These individuals will participate in one two-day regional seminar in May 2012 (travel stipends provided by Via Hope).	<input type="radio"/>
These individuals will participate in data collection through August 2012.	<input type="radio"/>

3. Recovery Institute Level 2 - Recovery Leadership Academy

Please list the name, title, email and phone number for each Recovery Leadership Academy participant:

Leadership Academy Participant 1 -

Name:

Title:

Email:

Phone:

Leadership Academy Participant 2 -

Name:

Title:

Email:

Phone:

Leadership Academy Participant 3 -

Name:

Title:

Email:

Phone:

4. Recovery Institute Level 2 - Recovery Leadership Academy

Has your organization or specific staff within your organization had any previous involvement in Via Hope Learning Communities or specific Via Hope trainings?

- No
- Yes

If yes, please describe

What is your organization currently doing to promote recovery?

Why are you interested in participating in the Recovery Institute Leadership Academy?

How do you anticipate you will apply learning about recovery, recovery oriented practice and mental health transformation to your organization?

By submitting this application, you are verifying the information you provided and agreeing to be responsible for the project requirements and organizational participation. Select yes to verify the information you have provided and agree to project requirements and participation.

- Yes

5. Recovery Institute Level 2 - Recovery Leadership Academy

***You have now completed the application. Please "sign" your name and insert today's date below.**

Name

Date

6. Recovery Institute Level 2 - Recovery Leadership Academy

Thank you for your interest in the Recovery Institute Leadership Academy. After reviewing all of the applications, we may contact you to set up a follow-up phone interview. We will be in touch (by January 6) to let you know if your organization has been selected for participation. If you would like to apply for an additional Recovery Institute Activity, please return to

the email and click on the appropriate activity link.