Appendix K
Wellness Lead / Peer Support / Resilience Officer Application

Selection and Onboarding Considerations

Agencies are encouraged to use a thoughtful and consistent process when selecting members for Wellness Lead, Peer Support, or Resilience Officer roles. These positions require a high level of trust, professionalism, and discretion.

Considerations for selection may include:

- Informal or formal interviews to assess communication style, approachability, and understanding of the role
- Input from supervisors or leadership, while recognizing that trusted peer relationships may not always align with rank or tenure
- Peer feedback or reputation within the organization as someone who is respected, approachable, and maintains confidentiality
- Review of past performance, including professionalism, reliability, and ability to maintain boundaries
- Optional reference checks or letters of recommendation, particularly for more formalized programs

Onboarding and Preparation

Once selected, agencies should provide clear expectations and support to individuals stepping into these roles.

Recommended onboarding steps may include:

- Clearly defining the role, scope, and boundaries of peer support or wellness responsibilities
- Providing initial and ongoing training appropriate to the role
- Reviewing confidentiality expectations and limits, including when referral is required
- Establishing who the individual can go to for guidance, support, or consultation
- Introducing the individual to available internal and external resources, including EAP, behavioral health providers, and regional partners
- Communicating the role to the agency so members understand how to access support

These roles are most effective when individuals are not only well-trained, but also supported by leadership and integrated into a broader wellness framework.

Property of the Mental Health Association in New York State Inc.

Wellness Lead / Peer Support / Resilience Officer Application

Purpose

This application template may be used by agencies when selecting members to serve as a Wellness Lead, Peer Supporter, or Resilience Officer. The purpose of the application process is to identify trusted members who demonstrate professionalism, discretion, and a commitment to supporting the well-being of their colleagues.

Participation in peer support and wellness programs is voluntary and requires a strong commitment to confidentiality and professionalism.

Applicant Information

Name: _____ Rank / Position: _____

Years of Service: _____ Shift / Unit: _____

Phone: _____ Email: _____

Interest in the Role

1. Why are you interested in serving as a Wellness Lead, Peer Supporter, or Resilience Officer within the agency?

2. What qualities or experiences do you believe make you a good candidate for this role?

Property of the Mental Health Association in New York State Inc.

Wellness Lead / Peer Support / Resilience Officer Application

Understanding of the Role

3. Peer support and wellness roles require maintaining confidentiality and supporting members during difficult conversations. Describe how you approach listening and supporting others.

4. How would you respond if a coworker shared a concern that was outside the scope of peer support and required referral to additional resources?

Professional Readiness

5. This role may involve responding after high-impact incidents and supporting coworkers experiencing stress or personal challenges. Are you willing to participate in training and ongoing education related to peer support and wellness?

☐ Yes ☐ No

6. Are you able to maintain confidentiality within defined legal limits (risk of harm to self, others, or mandatory reporting)?

☐ Yes ☐ No

Supervisor Acknowledgment (Optional)

Supervisor Name: _____ Supervisor Signature: _____

Date: _____

Final Statement

I understand that peer support and wellness roles are intended to provide confidential, non-clinical support and connection to resources. I agree to uphold the principles of professionalism, confidentiality, and respect in all interactions related to this role.

Application Signature: _____ Date: _____

Property of the Mental Health Association in New York State Inc.