

## Alumni Services Survey

We want to keep connected with you. Please take a moment to answer the following questions. Your answers will help in planning alumni events and services. Please print clearly so our information is accurate. Thank you.

### PERSONAL DATA

- 1 - 14 First name \_\_\_\_\_ Last name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Gender  Male  Female DOB \_\_/\_\_/\_\_\_\_ (mm, dd, yyyy)  
Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
Email address \_\_\_\_\_
- 15 12 Step groups in which you are actively involved: *Check all that apply.*  
 None  AA  NA  CA  Alanon  ACOA  CODA  FA  Others \_\_\_\_\_
- 16 Drug(s) of choice: *Check all that apply.*  
 Alcohol  Marijuana  Cocaine/Crack  Heroin  Hallucinogens  Inhalants  
 Methamphetamines  Mood altering prescriptions  Mood altering over-the-counter  
 Others \_\_\_\_\_
- 17 Treatment status: *Specify dates by month and year.*  
 Completed treatment, completion date \_\_/\_\_\_\_ (mm, yyyy)  
 In treatment, projected discharge date \_\_/\_\_\_\_ (mm, yyyy)
- 18 Date of sobriety \_\_/\_\_/\_\_\_\_ (mm, dd, yyyy)
- 19 Rosecrance programs you have participated or are currently participating in: *Check all that apply.*  
Adult services:  Harrison Campus  River District  HomeBase  
Adolescent services:  Griffin Williamson Campus  Eastrock Clinic  Monarch

Rosecrance offers the best opportunity for lasting recovery

**ALUMNI/RECOVERY INFORMATION**

20 Would you be willing to volunteer to help Rosecrance Alumni Services in providing information in the following ways: *Check all that apply.*

- Website/blog/message board development  Yes  No
- Designing newsletters (lending support)  Yes  No
- Writing stories/articles  Yes  No
- Clerical support/gift shop attendant  Yes  No
- Make contact with alumni newcomers after they leave treatment  Yes  No
- Speak to groups about your experiences and path to recovery  Yes  No
- Attend special training to effectively present the recovery message  Yes  No
- Participate in an organized recovery community project  Yes  No
- Media  Yes  No
- Other (please specific) \_\_\_\_\_

**ALUMNI SERVICES DEVELOPMENT**

21 Please list any other special skills, experiences or talents you have that could be helpful in the development of progressive, fun and meaningful alumni services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22 Please list any ideas and suggestions of recovery topics you would like to see presented at alumni retreats/functions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rosecrance  
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F 815.391.5041  
  
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Alumni Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for participating in this survey.*

*Please return the completed survey to David Sutor, Alumni Coordinator, 1021 North Mulford Road, Rockford, Illinois 61107-3877.*

Office use only: With completed consent form  Yes  No