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**Alumni 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**

Alumni name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family member name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender 🔾 Male 🔾 Female

🔾 Adult 🔾 Adolescent 🔾 Alumni Family Member

**Recovery groups in which you are actively involved: Check all the apply**

🔾 None 🔾 AA 🔾 NA 🔾 CA 🔾 ALANON 🔾 NARANON 🔾 ACOA 🔾 CODA 🔾 FA 🔾 Other \_\_\_\_\_\_\_\_\_\_\_

**RECOVERY SERVICE OPPORTUNITIES**

**Would you be willing to help Rosecrance Alumni program in any of the following ways: Check all that apply**

Website/blog/message board 🔾 Yes 🔾 No

Designing newsletters 🔾 Yes 🔾 No

Writing stories/articles 🔾 Yes 🔾 No

Contact new alumni after they leave treatment 🔾 Yes 🔾 No

Participate in an organized recovery community event 🔾 Yes 🔾 No

Media (Music, Video, Artwork) 🔾 Yes 🔾 No

Facilitate On Campus Meetings 🔾 Yes 🔾 No

Speaking, Engagements, Benefits 🔾 Yes 🔾 No

Topic(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**Please list ideas and suggestions of recovery topics you would like to see presented at alumni events:**

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**Rosecrance Mission Statement:**

**Our mission**

***Rosecrance provides help, hope and recovery to children, youth, adults and families.***

**Our vision**

***Rosecrance will offer the best opportunity for lasting recovery.***

Alumni Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return the completed form to Alumni Coordinator, 1601 University Dr., Rockford, Illinois 61107***

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