



I C.A.R.E.



I am Interested in Becoming a Caron Advocate Recovery Educator

Yes! I would like to become an advocate for recovery. I am interested in sharing my recovery experience, strength and hope.

I am willing to advocate for recovery by sharing my story in the following ways (please check all that apply)

- Speaking to others in recovery (alumni events)
- Media (radio, television, magazines, online journals)
- Fellowship/Chapter Groups (attend/chair)
- Answering inquiries about treatment/recovery that come from individuals seeking help.
- I am willing to do any or all of the above advocacy opportunities listed.
- Caron Educational Videos
- Fundraising Events
- Caron Newsletters
- Leadership Gatherings
- Public Advocacy (public policy)
- Direct Mail Appeals (fundraising)

I would would not be willing to use my full name (first and last) when participating in public opportunities

What Caron programs have you attended? (Please check all that apply.)

- Detox
- Adolescent Primary
- Young Men's Extended Care
- Young Women's Extended Care
- Young Adult Program (M/F)
- Codependency Workshops
- Relapse
- Men's Primary
- Men's Extended Care
- Women's Primary
- Women's Extended Care
- FEP (Adult/Adolescent)
- Caron Counseling Services
- Other _____

Name of loved one in treatment: _____

Relationship to patient: _____

If in recovery from chemical dependency what were your primary drugs of choice?

What is your Recovery Anniversary date? _____ (Day/Month/Year)

To become a Caron Advocate Recovery Educator, please fill out the following information (Please write legibly):

Name PRINT _____ SIGN NAME** _____ Date _____

If you are under 18, please have a parent or guardian co-sign here _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

*Email Address _____ @ _____

(*If you supply Caron with a corporate email address please know that you may receive emails with the Caron name in the subject line.)

By signing here, you agree to hold Caron harmless in the event of slander or damage to either parties arising from this agreement to represent yourself, Caron, and recovery. If you are under 18 you must have a parent or guardian co-sign

If updating your contact info, please also fill out this section:

Previous Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Previous Email Address _____ @ _____

(If you supply Caron with a corporate email address please know that you may receive emails with the Caron name in the subject line.)