



Name

Pronouns

Phone

Email

Do you have any barriers to making a commitment to attend monthly virtual meetings and in person activities up to 4 times annually?

We are looking for a one-year commitment to the Madrona Alumni Program, are you willing and able to make this commitment?

Are you willing to sign a waiver for Madrona Recovery staff to share your relevant information to current Alumni Leaders?

Are you willing to sign an acknowledgment and commitment to maintain the privacy and security of any peer's or potential peer's personal information?

Can you verify your sobriety for at least 6 months? We require three-character witnesses who can speak to your recovery program and sobriety.

What was one of the more challenging situations that you have been through since leaving treatment? Please describe the situation without disclosing anyone else's personal information, explain how you responded and what the outcome was.

What is your primary motivation to apply to the Madrona Alumni Program?

Please list other communities of which you are a current member (Examples: School, Work, family, arts, sports, activist organizations, recovery groups, mental health support systems, etc. )

Please list 3 Character References

Name:

Email:

Phone number:

Relationship (family, work, professional, recovery, mental health)

Name:

Email:

Phone number:

Relationship (family, work, professional, recovery, mental health)

Name:

Email:

Phone number:

Relationship (family, work, professional, recovery, mental health)