

**Auburn Recovery Community Application**

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**PROGRAM ELIGIBILITY**

1. Acceptance to Auburn University
2. Minimum of 6 months of complete abstinence from alcohol and other drugs
3. Commitment to Auburn Recovery Community program requirements

* Attend a recovery meeting every week
* Attend Celebration of Recovery twice a month
* Attend appointment for check-in with recovery coordinator every semester

1. Active participation in twelve-step or equivalent recovery program
2. Commitment to service

If you are willing to meet the requirements for this program, please complete the application for admission to the Auburn Recovery Community found below. If you have any questions please contact us at [recovery@auburn.edu](mailto:recovery@auburn.edu) or call us at 334-844-1594.

**CHECKLIST FOR ARC APPLICATION**

\_\_\_\_\_\_ Currently applying to or currently enrolled in Auburn University

\_\_\_\_\_\_ Auburn Recovery Community application completed and submitted.

\_\_\_\_\_\_ Two letters of recommendation for verification of recovery (see forms)

\_\_\_\_\_\_ Biographical statement: personal recovery story in your own words (2-3 pages)

**PERSONAL INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student id#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthdate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local address:**

**Street**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like us to share your contact information with other ARC members? (Circle one) Yes No**

**How would you prefer us to contact you? (Circle one) Phone Text Email**

**Work status (Circle one): Full time employment Part-time employment Not working at this time**

**Permanent mailing address:**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Information:**

**Citizenship: Are you classified as an Alabama resident for tuition purposes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your major at Auburn University? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you been enrolled at Auburn University before? (Circle one) Yes No**

**Cumulative G.P.A.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other colleges or universities attended:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOURS \_\_\_\_\_\_\_\_\_G.P.A.\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOURS \_\_\_\_\_\_\_\_\_GPA \_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOURS \_\_\_\_\_\_\_\_\_GPA \_\_\_\_\_\_\_\_

**Mental Health History**

Have you received addiction treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received treatment for another mental health issue? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what was the treatment for? Anxiety Depression Bi-Polar

If other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Drug and Alcohol History**

To the best of your knowledge, please complete the following use history:

|  |  |  |  |
| --- | --- | --- | --- |
| **Substance** | **Yes** | **No** | **Age of first use** |
| Alcohol |  |  |  |
| Cigarettes |  |  |  |
| Marijuana |  |  |  |
| Hallucinogens (PCP, LSD, Mushrooms) |  |  |  |
| Inhalants |  |  |  |
| Stimulants (cocaine, meth, crack, adderall, ritalin |  |  |  |
| Opiates (heroin, methadone, oxycontin, vicodan) |  |  |  |
| Depressants (sedatives, barbiturates) |  |  |  |

**Eating Disorder Addictive History**

|  |  |  |  |
| --- | --- | --- | --- |
| Behavior | **Yes** | **No** | **Age of onset** |
| Binging |  |  |  |
| Restricting |  |  |  |
| Over Eating |  |  |  |
| Purge behavior (misuse of laxatives, diuretics, etc) |  |  |  |
| Excessive exercising |  |  |  |
| Obsessive weight monitoring (scales, calories,etc) |  |  |  |

**Recovery Information**

**What does recovery mean to you? Explain how recovery plays a part in all areas of your life.** (Add additional sheets if necessary.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CLEAN, SOBER & HEALTHY**

**How are you connected to your current recovery community?** (home group, treatment centers, alumni, church)

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**CIVILITY IN RELATIONSHIPS**

**Briefly describe how you will integrate respect, gratitude, and service in the Auburn Recovery Community.**

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**COMMITMENT TO ACADEMICS**

**How do you see academics enhancing your recovery?** (Add additional sheets if necessary)

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**DEADLINES FOR APPLICATION**

* Fall semester: August
* Spring semester: December
* Summer semester: April

**Semester applying for** (circle one)**:**  **FALL SPRING SUMMER**

**Year**\_\_\_\_\_\_\_\_

**Applicant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_