



The information you provide below will be discussed with you and taken into consideration regarding your candidacy for admittance into the Spartan Recovery Program. The information will only be used for the stated purpose; this information is not reflected on any part of your university school record.

Personal Information

Full Name: _____
Last *First* *M.I.*

Current Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Permanent Phone: _____ Cell Phone: _____

Email _____

DOB: Age: _____

Preferred pronouns He, She, They, Other _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Education Information

Are you currently enrolled at UNC Greensboro? Yes No

If yes, please indicate: Full time Part Time Distance Learner

Have you attended UNCG before? Yes No If Yes last attended: Fall Spring Summer

Year: _____

Educational Plans

Desired major/academic interests:

Hobbies/sports/outside interests:

Will you be requesting or currently receive any accommodations via Student Disability Services? _____

Yes _____ No

Please list accommodations:

Recovery Needs

Sobriety (Abstinence) date: _____

1. Do you have a history of return to use? If yes, please explain.
2. SRP recognizes and welcomes all pathways to recovery but does require that each member work a recovery program that meets their needs and preferences. What do you do in your life to protect your recovery? 12 step, Smart recovery, Refuge recovery, Celebrate Recovery, Counseling, etc. Please explain or provide details.
3. What challenges will you face while striving to be successful in college AND maintaining a healthy recovery program?
4. What/Who do you identify as your strongest recovery supports?

Chemical Dependency History

Are you currently in recovery from alcohol and/or other drug addiction? _____ Yes _____ No

Have you ever received substance abuse treatment? _____ Yes _____ No

Have you ever lived or do you currently live in an Oxford/sober house? _____ Yes _____ No

Do you have concerns with other process addictions such as gambling, sex, exercise, shopping, money issues, issues with food, etc.? _____ Yes _____ No

If so, would you be interested in a referral for support? _____ Yes _____ No

Mental Health History or Concerns

Have you been diagnosed with ADD/ADHD, a mental health disorder or have a history of Eating Disorders or self- injurious behavior? If yes, please explain and list current treatment aids including any prescribed medication for these conditions including stimulants, anti-anxiety, anti-depressant or sleep aid.

SRP recognizes members are in various places along their recovery journey. The following questions will help SRP staff plan recovery support that will be helpful.

- 1.) Are you interested in Recovery Coaching with the SRP Coordinator to develop a structured recovery plan?
- 2.) SRP offers 1 men's and 1 women's Care & Share group. In addition, we hope to offer Smart Recovery meetings and Refuge Recovery meetings if there is interest. Are you interested in any of these?
- 3.) Are you interested in Smart Recovery Facilitator training?
- 4.) Are you interested in serving on any of the following committees?

Activities/Social Planning, Professional/Leadership Development to determine which recovery events SRP will participate in, Impact Panel (minimum 12 months recovery time) to meet with students who incur sanctions because of alcohol and other drugs violations.

Spartan Recovery Program (SRP) is an abstinence based Collegiate Recovery Community. My signature below indicates that I commit to abstinence and agree to share with SRP staff if I have a return to use, knowing that addiction recovery is a journey, not an event, and that a return to use may be part of the process. To support and protect each SRP member's personal recovery, if I become knowledgeable of a return to use by any SRP member, I will encourage that member to talk with SRP staff and offer to accompany that member if requested. I commit to make SRP staff aware, should the member not self-report. I understand that a return to use will not result in dismissal from SRP, rather, will result in support services that may be helpful to the member, given they re-commit to abstinence in recovery. The information I have provided in this application is true and accurate to the best of my knowledge. Any misrepresentation may lead to non-admittance or dismissal from the Collegiate Recovery Community.

Signature: _____ Date _____