



dawn farm

Alumni Recovery Contact

I hereby give Dawn Farm permission to use the information I have provided on this form only in order to contact me relative to serving as a contact person for Dawn Farm clients returning to my area.

I understand that: I can revoke this permission at any time except to the extent that action has been taken in reliance on it. Dawn Farm's Privacy Notice outlines the procedure for revocation. This permission will not expire, unless I revoke it.

By my signature, I am authorizing Dawn Farm to give my name and phone number to recent alumni of Dawn Farm coming to my home area. I understand that I will first be contacted by a Dawn Farm staff member and given the person's name that will be contacting me.

Signature: _____ Date: _____

Please print the information below:

Date of Sobriety: _____ Date of Birth: _____

Name: _____ () Male () Female
First Middle Last

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Best time to call: _____
day time

Phone: _____ Best time to call: _____
day time

I attend meetings and can be a contact for: () AA () CA () NA () GA () OA () Al-Anon

Name of Group: _____

Meeting Location: _____

Meeting Day: _____ Meeting Time: _____

Name of Group: _____

Meeting Location: _____

Meeting Day: _____ Meeting Time: _____

Please make any comments you feel would be helpful to ensure in making a good contact. Please make every effort to exchange name and phone number with each other when you are first contacted. This will make it easier to contact the alumni when they return home. Thank you.

Please print, complete this form and mail it to: Dawn Farm; Attn: Alumni Relations, PO Box 981098; Ypsilanti, MI 48198