

**2017 Recovery Advocate
Of The Year
Nomination Form**
*Submission Deadline 8/25/17
Award Presentation 9/17/17
Indiana Recovery Month Picnic
Riverside Park Indianapolis Indiana*



Recovery Advocate's Name _____
Address _____
City, State, Zip _____
Phone _____ e-mail _____

Your Name _____
Address _____
City, State, Zip _____
Phone _____ e-mail _____

Why is the nominee the recovery advocate of the year? How have they helped people and the cause of recovery?

What is their connection to recovery? How long have they been involved?

Give examples of advocacy roles they have taken in the community/government/treatment, etc

Please feel free to use additional sheets of paper if necessary.

To Submit:

- Mail to the Indiana Addictions Issues Coalition,
1431 North Delaware St. Indianapolis, IN 46202
- Fax to 317-638-3540 or email to kmanlove@mhai.net
- Questions please contact Kim Manlove 317-638-3501 ext. 1231

