

**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?

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

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

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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](mailto:kmanlove@mhai.net)
- Questions please contact Kim Manlove 317-638-3501 ext. 1231

