

**2017 Lifetime
 Recovery Advocate
 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 lifetime recovery advocate? 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