



CRC Member Letter of Recommendation

To be completed by a current member or alumni of the CRC. If unable to request a letter from current member or alumni, please contact the CRC Assistant Coordinator.

Name of Person Completing Recommendation: _____

Phone: _____ Email Address: _____

Applicant's name: _____

How long have you known the applicant? _____

In what capacity? _____

Please answer the following questions to the best of your ability:

Do you feel like the applicant understands the commitments involved in membership (seminar, meetings, etc.)? (please explain the membership commitments to the applicant if they are unaware)

Do you feel like the applicant will be an active member of the CRC? (Involved in service, attending seminar, showing up for events, helping others, etc.)

Do you feel like the applicant is in a good place in their recovery to contribute to the CRC in the ways mentioned above and others? Please explain your answer.

In what ways do you feel like the applicant will add to the CRC?

Signature _____

Date _____

By signing above, you verify that you recommend the applicant for acceptance to the Collegiate Recovery Community.

Please return completed form by mail, fax or email to:

Center for Young Adult Addiction and Recovery
430 Bartow Ave
MD 2403
Kennesaw, GA 30144-5591
Fax: 470-578-9203

Email: recovery@kennesaw.edu