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