Programming // Group // Activity Request

Meeting/Group/Programming Activity Name:

_____

Start Date, Time, & Frequency (weekly, monthly, one time, etc.):

_____

Leader Name:

_____

Leader Phone Number:

_____

Leader Email:

_____

Expected number of participants: _____

Type of group (a recovery support group, AA, NA, Celebrate Recovery, Smart Recovery, a Life Skills

Class, etc.)_____

Is this a closed group: YES or NO (please circle)

Have you run this group before? YES or NO (please circle)

Are you in recovery? YES or NO (please circle)

   If yes, are you a certified peer supporter? YES or NO (please circle)

Are you a family member of someone in recovery? YES or NO (please circle)

Do you have personal experience with addiction and/or recovery? YES or NO (please circle)

Is there a group co-leader? YES or NO (please circle)

   If yes, please include co-leaders Name: _____

   Phone: _____ *Email:* _____

Set up needed for meetings (chairs, tables, layout, etc.):

_____

Email completed form to shelly@hopeunited.life or mail to: Hope United 2684 Sanitarium Road Akron, OH 44312