Pine Grove Behavioral Health & Addiction Services
2255 Broadway Drive
Hattiesburg, MS 39402
www.pinegrovetreatment.com

Please complete and send to:
Pine Grove Behavioral Health & Addiction Services, Alumni Relations Coordinator
2255 Broadway Drive
Hattiesburg, MS 39402
Or Fax to: 601-853-1666

Become a Pine Grove Ambassador

I have at least one year of continuous recovery and I give Pine Grove Behavioral Health and Addiction Services, permission to use the information I have on this form to contact me as I am willing to serve as Alumni Contact for alumni returning to my area.

By completing and submitting this form, I give permission to be contacted by Pine Grove Alumni staff or Pine Grove volunteers. I am also authorizing Pine Grove to give my name, and phone number to newly discharged Pine Grove Alumni returning to my area.

Program Interest: _____ **Women's Center** _____ **Next Step** _____ **Gentle Path** _____ **PEP**

Male _____ **Female** _____

Date of Discharge from Pine Grove: _____

Date of Birth: _____
First Name: _____
Last Name: _____
Mailing Address: _____
Mailing Address 2: _____
City: _____ **State:** _____ **Zip:** _____
Country: _____
Home Phone: _____
Cell Phone: _____
E-Mail Address: _____

I attend meetings and can be contacted for: _____ AA _____ NA _____ ED
_____ SA _____ GA _____ Alanon

_____ Yes, I have a sponsor

The 12 Step or support groups that I attend on a regular basis

Home Group: _____

Meeting Location: _____

Day: _____ **Time:** _____

Additional Comments:

I understand that I am entitled to a copy of this Ambassador form and that if I choose to no longer be contacted by Pine Grove that I will notify the Alumni Relations Department in writing.

_____ _____
Signature Date

_____ _____
Witness Signature Date

Rev: 12/2008