



Student Placement Application Form

Name	Date
Address	City/Postal Code
Mobile	Home Telephone
Email	Youth (14-17) Adult (18+)
Do you have personal lived experience with addiction? yes no	Are you a Renascent alumnus? yes no
Are you active in 12-step recovery? If yes, year(s): yes no	If yes, year(s) :

School Information

Name of School	
Degree or Diploma	Year
Length of Placement	Start Date
Placement Coordinator Name	
Phone	Email



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Reporting Requirements

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Tell us about you

Why are you interested in a Renascent placement?

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What languages other than English do you speak?

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Interest Areas

Inpatient Treatment	Virtual Treatment	Family Program	Children's Program
Alumni Care			
Administration	Fundraising	Research & evaluation	
Writing	Design	Anti-stigma outreach	
Event support	Cooking		

In case of emergency, contact:

Name	Relationship
Primary Phone	Secondary Phone
Email	