



DETROIT RECOVERY PROJECT INC.

Doing It Together!

Recovery Training Institute Enrollment Form

(Please Print)

Date: _____

Name: _____

Address: _____

(City/State/Zip: _____

Phone Number: () _____ Alternate: () _____

Date of Birth: _____ Email Address: _____

Gender: Male () Female () Race/Ethnicity _____

Are you a Veteran: Yes () No ()

Are you a US Citizen: Yes () No () County of Residence: _____

Fluent Spoken language(s): _____

Source(s) of Income: Unemployed () Student () SSI/Other ()

Employed () Occupation: _____

Annual Income (Optional: () \$ 0 – 10,000; () \$11,000 – 20K; () \$21,000 – 30K; () \$31,000 – 40K plus

Highest level of Education: Bachelors Degree () (Associates Degree () High School /GED ()

Additional Degrees and or Certifications: _____

Type of service setting in which you desire employment:

() Prevention () Detoxification () Residential () Jail/Prison/Court

() Intensive Outpatient () Administration () Methadone () Medical Clinic/Hospital

Additional Career Goals:

Signature _____ Date _____

INITIATIVE FUNDED BY:

