

Student Information			CIR Staff Use Only		
UH ID Number					
Last Name			 Interview Program Agreement Application Narrative 		
First Name			□ Roster		
Middle Name			 Listserv GroupMe Community Check-In Time 		
Date of Birth			Cougar Card Entry Access		
Recovery Birthday			 FERPA Form Image Release Form 		
Gender					
Pronouns					
Ethnicity					
Phone Number					
Email Address					
Permanent Address					
Local Address					
Emergency contact information					
Name	_Relationship	Number_			
Name	_Relationship	Number_			
Parent/guardian name					
Parent/guardian phone number					
Parent/guardian email address					



Academic Information

Did you choose to attend the Unive	ersity of Houston becau	use of Cougars ir	n Recovery? Yes No			
How did you learn about Cougars in	n Recovery?					
Are you currently enrolled or have	you previously been e	nrolled at the Ur	niversity of Houston? Yes No			
If yes: Hours completed	_ Cumulative GPA	Last Se	Last Semester Attended			
If you are new to the University, when do you plan to begin taking classes at UH?						
Do you currently live in on-campus	housing or do you con	nmute to campu	s?			
Are you Interested in living on-cam	pus in our Recovery To	ownhouse?				
What is your major?						
Are you an undergraduate student	? If so, what is your cla	ssification?				
Are you a graduate student? If so,	what year are you?					
Two most recent colleges and universities attended:						
1	Hours	GPA	Last Attended			
2	Hours	GPA	Last Attended			
What is your anticipated graduatio	n date?					
Briefly, what do you want to do wi	th your college degree	?				

List any activities, interests, honors, and/or special talents or skills that might be of interest to the CIR staff:



Mental Health and Recovery

List your primary drugs of choice and addictive behaviors:

1.	
2.	
3.	

What is your chosen path of recovery? ______

If you are comfortable, please list your mental health diagnoses that you would like to share with us:

Attach to this application a biographical narrative (maximum of two pages, typed, and double spaced) that includes the following information:

- Your substance use history and recovery journey
- What recovery means to you and how it plays a role in your life
- Your chosen path of recovery and how you maintain it
- How you see academics enhancing your recovery

Return application, narrative, and signed Program Agreement via email at mmorris6@central.uh.edu

Signature ______

Date_____

Print ______



Program Agreement

Thank you for your interest in Cougars in Recovery! Cougars in Recovery (CIR) is comprised of various walks of life and recovery. As such, we celebrate *all recovery* and are an *abstinence-based program*. This means that our program does not follow a particular approach to recovery to ensure our community is *inclusive* to the various approaches leading to and maintaining recovery.

Being a member of Cougars in Recovery comes with access and eligibility to:

- 24/7 lounge space, exclusive to members only On-campus AA meetings
- Study space with free printing
- Priority registration*
- Recovery housing*
- Recovery scholarships*
- Hiking and camping activities*
- Substance Free fellowship
- Recovery tailgating
- Monthly community gatherings
- Individualized support from CIR staff
 - Liaison to on and off campus resources
- Leadership program*
- Professional development
- = Attendance to national
- _ conferences*
 - . Volunteering opportunities Recommendation letters
 - Mentorship initiative*

*Includes eligibility requirements. Please connect with CIR staff for any questions.

The only requirements to being a member of the CIR community includes a *commitment to yourself* to maintain abstinence and a *commitment to the CIR community*. *This commitment looks like attending a weekly Community Check-In meeting. There are eight offered and held at the same time each week. We ask that you commit to one of these eight meetings throughout the semester. Members are asked to attend 85% of their Community Check-In held throughout the semester which grants you priority registration for the following semester. Extenuating circumstances should be discussed with CIR staff*. **** Additional requirements may be asked of students who are living in the CIR Recovery Townhouse located on-campus. **

Expectations of Participants

Please initial each statement to indicate you have read and understand the agreement. By enrolling in Cougars in Recovery, I acknowledge that:

_____ I commit to *community* within CIR by:

- Understanding that if I become aware of another community member's reoccurrence of symptoms, I will hold him/her accountable by:
 - Speaking directly to the other student encouraging him/her to disclose the R.O.S. to a CIR staff member.
 - Speaking directly to a CIR staff member to notify him/her that I have knowledge of a community member's R.O.S.
 - Understand that my failure to report a community member who is suspected of using or who is using mood-altering substances will result in me being subject to sanctions as determined by the CIR staff.
- Building relationships with the CIR fellowship and staff

I commit to *civility* within the CIR community and program by:

- Being mindful, respectful, and accepting of CIR community members. Since the CIR community is comprised of individuals from various walks of life and identify with various communities, respectful language is integral to the community feeling *safe and inclusive*.
- ____ I commit to being *courteous* with the CIR community lounge space by:
 - Ensuring that the lounge space consists of CIR members only (*i.e., the lounge space is for CIR community members only*).
 - Being courteous of the shared space by picking up after myself and tidying up the space as I see fit.

___ I will attend one check-in meeting each week to get the support that I need and to support my peers.

____ If I have less than 90 days of recovery, I agree to adhere to a Recovery Protection Plan as set forth by CIR Staff.

_ I will actively participate, to the best of my ability, in the opportunities available through CIR, the UH campus, and the local community.

I have read and understand by my signature, each point indicated above. I am agreeing to actively participate in the Cougars in Recovery Community. Once you have signed this document, you are agreeing to the expectations of Cougars in Recovery and will be asked to act accordingly.

Signature: ____

_ Print Name: ___

Date: _____ Cougars in Recovery – Program Application |4