

Preference: Male:_____

Female:_____

Date: _____

Signature: _____

Please return completed application to:

Laura H. Myers, MSW, EdD
Director, Parent & Community Engagement
Dept of Psychiatry
Univ of Mass Medical School
Worcester Recovery Center & Hospital
309 Belmont Street
Worcester, MA. 01604-1676
Laurah.myers@umassmed.edu
(Feel free to call with questions: 508 368 0512)

Thank you for your interest!