

Indian Alcoholism Commission of California, Inc. [IACC]

**SUBSTANCE ABUSE COUNSELORS
AUTOBIOGRAPHICAL ASSESSMENT**

BASIC PERSONAL INFORMATION:

1. Full legal name: _____
2. Name you prefer to be called: _____
3. Mailing Address: _____
4. Home phone: () _____ Work phone: () _____
5. Person to contact for important messages if you are unavailable:
Name: _____ Phone: _____
Address: _____
6. Social Security Number (optional): _____
7. Current Employer: _____
Address: _____ Phone: () _____
Position: _____
8. Do you have a driver's license? Yes ____ No ____
9. How did you learn about IACC? _____

EDUCATIONAL INFORMATION

1. Did you graduate from high school? Yes ____ No ____
2. If you did not graduate from high school, did you obtain a G.E.D.? Yes ____ No ____
3. Have you attended any vocational training programs, trade schools, business colleges, etc.?
If so, please identify:

4. Which colleges, if any, have you attended? Specify name, date area of study, number of units completed and approximate grade point average.
5. Are you currently enrolled in college? Yes ____ No ____ If yes, which one and what courses are you taking? _____

6. What awards, honors, club membership, etc. have you received? _____

7. Have you been, or are you presently involved with any self-help groups? (optional) _____

8. Specify any other type of community involvement you have had or ways you have been involved in human services other than those state in your resume: _____

9. What benefits do you hope to gain from participating in IACC? _____

10. Please share with us any other insights or information about yourself you feel is important for us to know: _____

I hereby certify that the information provided by me herein is true and correct to the best of my knowledge.

I further commit myself to work with the credentialing Board to provide further information relevant to this program, and to complete all necessary preparatory steps.

Signature

Date