



# BIPOC Certified Recovery Peer Advocate (CRPA) PROJECT

Participant Registration Form

Name

E-mail \*

Birth Year/Age

Month Day Year

Phone Number \*

Address \*

City

Zip Code

Gender

- Male
- Female
- Transgender
- Non-Binary
- Other-Not Specified

Race/Ethnicity

- Black/African-American
- Native American
- Alaskan Native
- Native Hawaiian
- Other: \_\_\_\_\_
- Asian
- Chicanx
- Pacific Islander
- Latinx