**Creating Resiliency:
Understanding Trauma for Crime Survivors Support Group**

**INTEREST FORM**

*The contents of this form will remain confidential. No information contained herein will be used to disclose any personal or identifying information without your permission.*

|  |  |
| --- | --- |
| **First Name:** | **Last Name:** |
| **County:** |
| **Home Phone:** |
| **Permission to leave voicemail** *(check one)* | **Yes** | **No** |
| **Cell Phone:** |
| **Permission to leave voicemail** *(check one)* | **Yes** | **No** |
| **Email:** |
| **Date of Birth:** |

What is your primary language?

Are there any special accommodations needed for your participation in this group?

What was the nature of your victimization and when (generally) did this occur?

What do you hope to gain from joining this support group?

Do you anticipate being able to commit to an hour each week, for six weeks to attend this support group?

Thank you for your interest in being a group member. Please email this form to Lisa Ryan at lmryan@pa.gov. You will be contacted to schedule a virtual meeting to discuss participation and complete the intake process.