

Resident Biography

___ I do

___ I do not

Grant my permission for Gustavus Adolphus Child and Family Services to use the information I have provided in this document to share with other current and past residents and staff. In addition, I recognize that my story may be selected for inclusion in the agency's "Wall of Fame" and as such would be on public display at the agency.

Signature

Name: _____

I lived at GA (Approximate dates):

Current Address (Please include e-mail and telephone if available):

We would like to recognize your immediate family and therefore ask that you share the names of spouse/significant other and any children you have:

What are you doing now?

Please share your life's accomplishments and the things of which you are the most proud:

Are you now or have you ever been a member of the military? If so, please share the branch and dates of service:

Please share any other ways you may have contributed to your community:

Your fondest memories of the time at Gustavus Adolphus include:

Some of the lessons I learned while at Gustavus Adolphus include:

Please feel free to share any other messages you might have for the current youth of GA.
We would hope that you could frame those thoughts in terms of our core beliefs of:

Growth (Reaching your full potential):

Achievement (Success and what it means to you):

Family (Achieving permanence):

Safety (With dignity and respect):

We want to thank you for your time and effort in sharing these parts of your life and the lessons learned.