

Share Your Story Form

Community Member



***You are not required to answer every question. Please see attached photo/story release form.**

1. How did you hear about Adverse Childhood Experiences (ACEs)? (select all that apply)

ACE Presentation

Location: _____

Non-Profit Organization

Name: _____

Parent Café

Date: _____

Other: _____

Work

Name: _____

Family member or Friend

Advertisement

Poster

Billboard

Bus Shelter

Social Media Platform: _____

2. How have ACEs impacted you? _____

3. What actions have you taken as a result of learning about ACEs? _____

4. How do you make a difference in your community? _____

5. If you could improve something in Shasta County to help it thrive, what would be your dream? _____

6. What are you doing to increase ACE awareness and give hope as a result of ACEs? _____

7. Other comments:

Contact Information

Name: _____

Phone: _____

Email: _____

***Please send completed Share Your Story form and Release form to**

Alex Dunbar at adunbar@co.shasta.ca.us

It's About Strengthening Families.