

Share Your Story Form Organization



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

1. After hearing about Adverse Childhood Experiences (ACEs), what changes has your organization made?

(Select all that apply)

Screenings for ACEs

Methods we use in a direct service program

The actual program we use- we changed from one model to another

The professional education we provide to our staff and volunteers

Other: (please describe) _____

2. How have ACEs changed your organization's way of thinking and changed its actions? _____

3. What does your organization impact the community? Who do you serve in your organization?

4. What is your dream for the impact your organization can have in the community? _____

5. What is your organization doing to break the cycle of ACEs? _____

6. Other comments: _____

Contact Information

Organization: _____

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.