Department of Residence Life

2211 Riverside Ave S, Box 81 Minneapolis, MN 55454 Telephone (612) 330-1488 Fax (612) 330-1266

Oren Gateway Recovery Support Agreement 2019-2020

Oren Gateway is a recovery living space for the StepUP Program. By living in the _____ Oren Gateway: I commit to the following (initial before each line):

_____I agree to honor this space with a substance free lifestyle.

_____I agree to not store alcohol or illicit drugs anywhere in Oren Gateway including my bedroom, living room, kitchen, and bathroom. This also applies to empty bottles or containers that stored alcohol at any time.

_____I will not return to Oren Gateway with alcohol, illicit drugs, and/or abused prescriptions or over the counter medications in my system.

_____I am responsible for my guests and thus will not allow them to be in or around Oren Gateway with alcohol, illicit drugs, and/or abused prescriptions or over the counter medications drugs on their person or in their system.

_____I will not hang or display alcohol and/or drug media/imagery in Oren Gateway which includes in the common areas as well as in my bedroom, doors, living room, kitchen, and bathroom.

_____I will respect members of the StepUP recovery community by keeping names and nature of their addiction private by not disclosing to those outside of StepUP.

_____I will not participate and/or promote/host gambling of any kind in and around Oren Gateway.

_____I will maintain the cleanliness of the flat to include the common space, living room, kitchen, laundry room, and bathroom.

_____I understand the Residence Life staff will be a frequent presence in the flat without notice to residents to honor and maintain the recovery community, flat community, and facilities.

_____I have not had disciplinary action and/or any incidents with the College or College officials concerning alcohol and/or drugs.

_____I understand failure to maintain this agreement may result in immediate removal from the Oren Gateway community to an open space on campus or off campus at my expense.

Printed Name

Signature