

Advisory Council Application – Please print

Your Name: _____ Pronouns: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email Address: _____

Are you 18 years of age or older? _____

Emergency Contact Name/Relationship: _____

Emergency Contact Phone Number: _____

What has you choose the Recovery United Community Center to volunteer as part of the Advisory Council?

Were you ever employed at the Recovery United Community Center and do you know anyone who works here?

Please list any education, degrees, certifications, etc. that you hold.

Have you had any previous experience on a council, committee or board? If yes, where, when and for what length of time?

Tell us about any additional skills that accentuate yourself as a council member?

Are you in recovery? Yes / No

If yes, for how long? _____

The Advisory Council meets once a month in the evening. As part of the council, you are expected to participate in various events throughout the year when available. Is this something you're willing to commit to? _____

Use the lines below to list any concerns or questions that you might have for us or any special needs you'd like us to accommodate?

Please add any additional pertinent information below and attach a resume or supporting documents you would like us to review.

Signature: _____ **Date:** _____

FOR STAFF USE ONLY

Staff receiving application: _____

Application reviewed by: _____

Date of interview: _____

Additional comments:
