



CARE SOUTHEASTERN MICHIGAN

Recovery United Center Advisory Committee Application

DATE: _____

NAME: _____

ZIP CODE: _____

ADDRESS: _____

PHONE: _____

CITY: _____

E-MAIL: _____

STATE: _____

Are you 18 Years or older? Y/N

What other recovery groups/organizations in the community are you involved in? Is it a paid or volunteer position?

How did you hear about the Advisory Committee at CARE's Recovery United Center?

What made you choose Recovery United Center as a place to volunteer on an Advisory Committee?

Do you have any special skills that would benefit you on the advisory committee?

Degrees / Certifications / Training

Have you ever served on an advisory committee/board before? If yes, where, when, length of time served?

Are you in Recovery? Yes / No

If yes, for how long? _____

Were you ever employed by CARE? Yes / No

If yes, When?

Did you ever receive services through CARE? Yes / No

If Yes, What services were received? When?

If you received services, do you feel that the services that were provided to you benefitted you?
Why?

Are you willing to attend all required meetings as listed in the job description?

Signature: _____

Date: _____