



Board of Directors, Committee & Volunteer Form

The mission of Recovery International is to use the cognitive-behavioral, peer-to-peer, self-help training system developed by Abraham Low, MD, to help individuals gain skills to lead more peaceful and productive lives.

Contact Information				
Full Name:			Date:	
<i>Last</i>		<i>First</i>	<i>M.I.</i>	
Address:				
<i>Street Address</i>				
<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Work Address:	Current Title/Position:			
<i>Street Address</i>				
<i>City</i>			<i>State</i>	<i>ZIP Code</i>

**Please attach a resume if relevant*

Phone 1:	Fax:	E-mail Address 1:	
Phone 2:	Fax:	E-mail Address 2:	

Please indicate preferred method of contact:

Phone 1	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Phone 2	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E-mail 1	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E-mail 2	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education

Please list educational experiences including schools attended, degrees and areas of study:

Supporting Mission

Please share with us what brings you to our organization:



Volunteer Experience

Please list other volunteer commitments, non-profit boards or committees on which you currently or previously served:

Recovery International Experience

I have been a member since:

What volunteer positions have you filled within Recovery International?

	Current	Past
	#Years	#Years
Asst. Group Leader	_____	_____
Group Leader	_____	_____
Area Leader	_____	_____
Area Team Member	_____	_____
Area Treasurer	_____	_____
Other _____	_____	_____

What has been your strongest challenge and biggest success in your Recovery practice?

Is there anything else about your Recovery experience that you would like to share?





Experience & Skills

Area(s) of expertise/Contribution you feel you can make to further the mission of Recovery International:

**Please check all that apply*

- Advocacy YES
- Committee Leadership YES
- Finance/Audit YES
- Fundraising YES
- Graphic Design YES
- Human Resources YES
- Legal YES
- Mental Health Human Service Experience YES
- Public Relations YES
- Special Events YES
- Strategic Planning YES
- Other YES

Optional Text:

*Please specify

OPTIONAL

You do not have to answer the next two questions. Please answer only if you feel comfortable.

Recovery International is committed to the principle of diversity and would like to have a board and volunteer base that reflects the diversity of our community. We therefore:

- Value, champion, and embrace diversity.
- Respect others without regard to race, color, religion, creed, age, sex, national origin or ancestry, marital status, veteran status, or status as a qualified disabled or handicapped individual.
- Refuse to engage in or tolerate any other form of discrimination or harassment.

Age/Birthday: _____ Ethnicity: _____

Other self-identifying characteristics _____

Thank you for your interest in Recovery International!

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Return this form to Sandra Wilcox
 Email: swilcoxon@recoveryinternational.org
 Fax: 312-726-4446
 Mail:
 Recovery International
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 Oak Brook, IL 60523