



**Advisory Council
Application Form**

Application form must be typed or hand printed.

Name of Applicant: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Work / Cell Phone: (_____) _____ - _____

E-Mail: _____ Fax: (_____) _____ - _____

Signature: _____ Date: _____

Personal Experiences, Skills and Interests:

Education/Background:

Occupation/Employer:

Community Activities:

Special Interests:

What constituency(s)/group(s) are you affiliated with? _____

Information:

1. Send completed application to Support4Recovery, Inc., P.O. Box 31114, Walnut Creek, CA 94598, or fax to 925.939.7794
2. Meetings will be held at least quarterly.

Applicants may attach a resume indicating their qualifications, work experience and professional accomplishments.

P.O Box 31114 ☐ Walnut Creek, CA 94598
925.980.8638 tel ☐ 925.939.7794 fax

www.support4recovery.org

*Community organizing, advocacy, and support services for individuals and their families
in recovery from alcohol and other drugs, mental health, and homelessness.*