

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.

First Name		
Last Name		
Address		
City/State/Zip	 	
Home Phone	 Cell	
Email		
RI Participant Since:	 	

Please share with us what brings you to Recovery International?

What volunteer positions have you filled within Recovery International?

- Group Leader
- □ Assistant Group Leader
- □ Area Leader
- □ Area Team Member
- □ Other

In what area(s) are you interested in serving?

- □ Veterans Initiative
- □ Professionals Outreach
- □ Teen/Young Adult Outreach
- □ Other:

Area(s) of expertise/contribution you feel you can make to further the mission of Recovery International. (Please check all that apply.)

Committee Leadership	Special Events
Finance/Audit	Strategic Planning
Fundraising	Mental Health
Legal	Other/Specify:
Public Relations	

OPTIONAL

Recovery International is committed to the principle of diversity and aims 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 Range		Gender Identity		Ethnic Identity	
	18-24		Male		American Indian or Alaska
					Native
	25-35		Female		Asian
	36-45		Other		Black or African American
	46-55				Hispanic or Latino
	56-65				Native Hawaiian or Pacific
			Prefer not to say		Islander
	65-75				White
	75+				Other

As a volunteer of Recovery International I agree to abide by its policies and procedures. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature or printed	
name indicates e-	
signature	Date

Return this form to Angela Sullivan: angela@recoveryinternational.org or mail to: Recovery International, 1415 W. 22nd St., Tower Floor, Oak Brook, IL 60523