



Thank you for your desire to serve as a member of the Hillsborough Recovery Coalition Board of Directors! The Hillsborough County Recovery Coalition Board of Directors is composed of members with varied backgrounds, experience, knowledge and skills, we invite you to complete and share the following information about yourself.

Your Name: _____

Your Home Phone Number: _____ Cell: _____

Your Home Address: _____

Your Email: _____

Your Status (Please check all that apply)

I am a person in recovery _____ How Long? _____

I am a family member of a person(s) in recovery _____

I am a ally of the recovery movement _____

Why do you desire to serve on the HRC Board?

Your Current Affiliations (Organization and Role(s):

1. _____

2. _____

3. _____

