

# RECOVERY COUNCIL APPLICATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

The questions below will provide more information on the skills you have and the talents that you would bring to the Recovery Council.

1. Identify the Learning Community you represent. \_\_\_\_\_

2. Are you willing to commit a minimum 2-3 years as a member of the Recovery Council? \_\_\_\_\_  
If not, please explain the reason(s) why: \_\_\_\_\_

3. The Recovery Council will be made up of champions of system transformation. Members plan a key role in the success in achieving a recovery-based system. What skills, talents and abilities do you have that will help the Council achieve success? \_\_\_\_\_

4. What is your vision for good recovery-based services? \_\_\_\_\_

5. How do you think the Recovery Council should measure its success? \_\_\_\_\_

6. Give your own definition of recovery, or what you think it means to be in recovery: \_\_\_\_\_

7. Summarize your reasons for wanting to become part of the Recovery Council at Northern Lakes CMH? \_\_\_\_\_

Last name of applicant: \_\_\_\_\_ Application

8. Is there anything else you would like us to know in considering you for a position on the Recovery Council?

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Your Signature: \_\_\_\_\_

Please also PRINT your name: \_\_\_\_\_

*Please return your application to:*

*Mary Beth Evans, CPSS  
Recovery Coordinator  
2715 Townline Road  
Houghton Lake, MI 48629  
Fax – 989-366-9420*