

**Towards Recovery 2017-2022 Recovery Council
Expression of Interest Form**

Contact Information:

Name:

Mailing Address:

Telephone:

Email:

Employer Support: For employees of government, RHAs and community agencies please indicate if you have the support of your employer to apply and serve on this Council.

Yes _____ or No _____

Availability: Please indicate the amount of time you are generally able to commit per month and when you are generally available:

Experience: Please indicate the reason you decided to apply and the experience which you think you could bring to the Council. Expand table if necessary:

Accommodations: Please let us know if you require any disability related accommodations:

The Department of Health and Community Services thanks all applicants in advance for their interest; however only those selected will be contacted. If you are not selected to participate, please indicate if we may keep a record of your expression of interest so we may consult with you in the future.

YES _____ NO _____

Signature:

Date:

Submit form no later than September 12, 2017 to mentalhealthaddictions@gov.nl.ca