

Benton Franklin Recovery Coalition

BOARD MEMBER APPLICATION

NAME:	DATE:
COMMUNITY AGENCY NAME/POSITION/EMAIL AND PHONE NUMBER:	
WHY ARE YOU INTERESTED IN A BOARD POSITION WITH THE COALITION? WHAT CAN Y	OU CONTRIBUTE?
DELATED CHILLE AND EVDEDIENCE.	
RELATED SKILLS AND EXPERIENCE:	
OTHER RELEVANT INFORMATION OR COMMENTS:	