County of York
45 Kennebunk Road
Alfred, ME 04002

Ph: 207.459.2500
Fax: 207.324.9494
www.yorkcountymaine.gov

YORK COUNTY RECOVERY CENTER

ADVISORY BOARD MEMBER APPLICATION

The York County Recovery Center is seeking community members and professionals interested in supporting the development and growth of substance use disorder treatment and recovery services in York County. The Advisory Board will provide guidance, community perspectives, and recommendations to support program development, accessibility, quality of care, and community partnerships.

1. APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____ **Email:** _____

Employer/Organization & Title: _____

2. BACKGROUND & AREAS OF EXPERIENCE

Please check all areas that reflect your experience or interests:

☐ Recovery Community Representative

☐ Local Municipal Official

☐ Law Enforcement Representative

☐ Healthcare Representative

☐ Behavioral Health Representative

☐ Substance Use Treatment Professional

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☐ Community Organization Representative

☐ Housing or Re-entry Representative

3. INTEREST IN SERVING

Why are you interested in serving on the York County Recovery Center Advisory Board?

What experience, perspective, or expertise would you bring to the board?

4. AVAILABILITY

Are you able to attend regularly scheduled meetings? ☐ Yes ☐ No

Preferred meeting times:

☐ Weekday Morning ☐ Weekday Afternoon ☐ Weekday Evening

Are you willing to participate in occasional community initiatives?

☐ Yes ☐ No

5. ACKNOWLEDGMENT

I understand that the Advisory Board serves in an advisory capacity, providing recommendations and guidance to Recovery Center leadership. I agree to respect confidentiality, protect the privacy of individuals receiving services, and disclose any actual or potential conflicts of interest.

Applicant Signature: _____ **Date:** _____

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Date Received: _____ Reviewed By: _____

☐ Approved ☐ Pending ☐ Not Selected