



The mission of Racing for Recovery is to prevent all forms of substance abuse by promoting a lifestyle of fitness and health for all those affected by addiction.

Application to Serve on the Racing for Recovery Board of Trustees

Name:		
Date:	Home Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
Email:		
Preferred Mailing Address <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business Address

Company Name:		
Position Held:		
Business Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Preferred Mailing Address <input type="checkbox"/> Yes <input type="checkbox"/> No		

Referred to the Board by:

Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Email:	Relationship:		

Occupational Background

List Career Highlights:

Educational Background

School:	Degree Earned:



Board of Trustee Experience

List any current or prior Board appointments:

Organization:	Years served:

Other Volunteer Experience

List any organizations for which you currently volunteer or have volunteered in the past:

Personal

What special qualifications and/or capabilities do you possess that you believe would benefit Racing for Recovery?

Why do you want to serve on the Board of Trustees of Racing for Recovery?

How has substance abuse impacted your life?

Please return this form to: **Board of Trustees Election Committee**
Racing for Recovery
6936 Clare Ct.
Sylvania, Ohio 43560

