

Recovery Partnership
Lehigh Valley Consumer/Family Satisfaction Team, Inc.

Board of Directors Candidate Profile

Name: _____

Date : _____

Address: _____

Daytime Phone#: _____

Evening Phone#: _____

Briefly describe the following:

Current or recent involvement in Behavioral Health:

Areas of knowledge/expertise/interest:

Affiliations:

Ability to attend board meetings:

Ability to place organization's purpose/interests above own professional or personal interest:
