

ALLEGHENY COUNTY COALITION FOR RECOVERY



C/O Peer Support & Advocacy Network
938 Penn Avenue – Third Floor
Pittsburgh, PA 15222
412-325-0369

MINUTE RECORDER APPLICATION FORM

Please print or type the following information

Name:

Date:

Mailing Address:

City: Zip Code:

Telephone Number

Email: (required)

❖ Please state briefly what recovery means to you.

❖ Please state briefly why you are interested in serving as a committee Minute Recorder.

I understand that if I am selected as a Committee Minute Recorder, I am expected to make a commitment to regularly attend all committee meetings, be on time, and write minutes outside of meetings.

I agree to do my best to adhere to the deadline for submitting minutes to the committee chairs. I understand that payment is made for minutes that have been corrected by the chairs or county support staff and that payment is for minutes that are corrected and ready for posting to the website.

I understand that minutes are an important element that keeps a committee functioning well. When I am unable to attend meetings, I will contact the Co-Chairs or County support staff so that they may take appropriate steps for another to take the minutes for that meeting.

Applicant Signature

Date