



Organization name:

Organization type:

- For profit
- Non profit
- Government
- Other

Organization website:

Organization phone number:

Organization address:

Name of person submitting this application on organization's behalf:

Phone number of person submitting this application on organization's behalf:

Email address of person submitting this application on organization's behalf:

Please tell us why your organization is motivated to become a recovery-friendly employer.

I agree that by submitting this application, I am authorized to submit this form on behalf of the organization named and that we agree to be contacted by a staff person to receive more information about the Recovery Friendly Workplace initiative.

- Agree
- Disagree

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