

**Wisconsin Recovery Implementation Task Force (RITF)  
Nomination for Co-Chair position**

\* Please return this completed document to Laleña Lampe, [Lalena.lampe@dhs.wisconsin.gov](mailto:Lalena.lampe@dhs.wisconsin.gov)

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY/STATE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Best way to contact?** \_\_\_\_\_

**I am interested in being a co-chair of the RITF for the following reasons:**

**I have the following skills and experiences to offer:**

**I am available to fully participate in the work of the RITF, which at a minimum includes every other month meetings held in Madison and Executive Committee meetings on opposite months. In addition, I will participate on a committee and represent the RITF as requested by the DCTS and others at various events.**

\_\_\_\_\_ **YES**            \_\_\_\_\_ **NO**

**Timely correspondence is necessary for full successful functioning of the RITF. I have ready access to phone, email and fax / scanner.**

\_\_\_\_\_ **YES**            \_\_\_\_\_ **NO**

**I would need the following information, education or assistance to fully participate:**