



# Cowley County Community Developmental Disability Organization (CDDO) Department

## Council of Community Members Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Preference: \_\_\_\_\_

Education:

### Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever done volunteer work before?  Yes  No

If so, where? \_\_\_\_\_

What type? \_\_\_\_\_

What is your interest in serving on the Council of Community Members?

Do you or have you ever served in any of the following capacities?

Guardian

Staff Member of an Affiliated Provider

Board Member of an Affiliated Provider

If so, where? \_\_\_\_\_

When? \_\_\_\_\_

In which capacity would you serve the Council of Community Members?

Parent  Guardian  Consumer

Relative of an individual with developmental disabilities

Staff member of an affiliated provider

Board Member of an affiliated provider

Interested community member willing to serve on the Council