



**Cowley County Community Developmental
Disability Organization (CDDO) Department
Application for Appointment to Cowley County CDDO Advisory Board**

Name: _____ Home Phone: _____
Address: _____

E-Mail Address: _____
Your Occupation: _____
Business Phone: _____

YOUR BACKGROUND

- What education or skills could you contribute to our board (please check those that apply)
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing | <input type="checkbox"/> Special Knowledge of Services |
| <input type="checkbox"/> Office | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Special Affiliations: _____ |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Education | <input type="checkbox"/> Professional Skills: _____ |
| <input type="checkbox"/> Others (explain): _____ | | |

What other boards have you served?

Charitable or community activities in which you have been involved:

Could you regularly attend board meetings: Yes No Conflicts: _____

How many hours per month, in addition to board meetings could you serve? _____

Would you participate in raising funds for this organization? No

Would you attend training sessions for new board members? Yes No

Would you attend continuing training sessions? Yes

What is your interest in our organization?

Please write a brief statement of your understanding of the mission of our organization:

References (list names, addresses, and phone numbers)

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address:

Name: _____

Phone: _____

Address:

Signature

Date