



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

Are you representing a community service provider Yes No

If so, which agency? _____

Would you be willing to serve on a committee such as the Quality Assurance/Quality Enhancement Committee or the Dispute Resolution/Staff Development Committee? Yes No

Please list any limitations you may have (i.e. hours available, travel issues, etc.):

How many hours per month might you be able to devote to the Council?

Do you have any recommendations or comments regarding service needs in Cowley County for individuals with developmental disabilities?

Background checks will be required. Please provide the names and contact information for three references.

1. Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____

2. Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____

3. Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____

Volunteer Signature: _____

Authorized Cowley County
CDDO Department Signature: _____