

Codependents Anonymous

www.CoDA.org

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NOMINEE APPLICATION Section 4.6

APPLICATION FOR BOARD OF TRUSTEES OR ALTERNATE TRUSTEE OF CO-DEPENDENTS ANONYMOUS, INC.

DATE:	_	
NAME:	VOTING ENTITY:	TRUSTEE [] ALTERNATE []
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PROVINCE:	COUNTRY:	
TELEPHONE NUMBERS: (H)	(W)	
FAX: EMAIL ADDRESS:		
Have you ever served on the C	oDA Board? YES [] NO []	f yes, how many times? When?
Please circle any officer position	ons held: - Chair, Vice Chai	r, Secretary, and Treasurer
DIRECTIONS: Answer each iten legibility. Do not attach a resur	• •	e on separate paper. Please type or word-process for
1) Describe your current worki foundational documents, such	-	ve Steps and Twelve Traditions, and the CoDA s Manual, By-laws, etc.
2) Why do you want to serve tl	he Fellowship as a membe	r of the Board of Trustees?
3) Describe your service work of service.	on Meeting, Intergroup, V	oting Entity level, including number of years of
	_	t you think would benefit the health of CoDA, such as agement, accounting and financial skills or any other
5) Share your:		

A) Experience with the group conscience process.

B) Courage to express yourself, ability to listen, and ability to communicate effectively.
C) Ability to manage interpersonal differences and accomplish goals as a group member.
6) The job of Trustee has varying time demands. What is your availability?
7) Please share your vision for CoDA.
8) Please add any additional information you feel may be helpful in the selection process.
NOTES:
Please email your application to Events@coda.org and webliaison@coda.org, and/or Send to PO BOX 33577 Phoenix, AZ 85067-3577.
Refer to "Conference Election Procedures" for details regarding the Election of Trustees.
By signing below you are giving permission to post your application to the web excluding identifying information except for your first name with last initial and Voting Entity
Signature