**Codependents Anonymous**

Shape

Description automatically generated with low confidence

[**www.CoDA.org**](http://www.CoDA.org)

**NOMINEE APPLICATION**

APPLICATION FOR BOARD OF TRUSTEES OR ALTERNATE TRUSTEE OF

CO-DEPENDENTS ANONYMOUS, INC.

TRUSTEE  ALTERNATE

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_VOTING ENTITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVINCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBERS: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever served on the CoDA Board? YES  NO

If yes, please check any officer positions held: -  Chair  Vice Chair  Secretary  Treasurer

**DIRECTIONS: Answer each item below as fully as possible. If needed, use a separate sheet for your answers. Do not attach a resume.**

1. Describe your current working knowledge of the Twelve Steps and Twelve Traditions, and the CoDA foundational documents, such as the Fellowship Service Manual, Bylaws, etc.
2. Why do you want to serve the Fellowship as a member of the Board of Trustees?
3. Describe your CoDA Service work at:
   1. CoDA Voting Entity / Intergroup

and/or

* 1. CoDA World Service

1. Share your
   1. Experience with the group conscience (GC) process.
   2. Courage to express yourself, ability to listen, and ability to communicate effectively.
   3. Ability to manage interpersonal differences and accomplish goals as a group member.
2. The job of Trustee has varying demands. What is your availability?
3. Please share your vision for CoDA.
4. Please indicate when you last attended a CoDA Service Conference (CSC) including the current year, as either a delegate, or trusted servant. Also, explain your understanding and knowledge of the CSC based on your past attendance.
5. If you like, please describe any experience you have that you think would benefit the CoDA Board.

NOTES:

Please email your application to Board@coda.org, and/or send to Board PO BOX 33577 Phoenix, AZ 85067-3577. Refer to "Conference Election Procedures" in the Fellowship Service Manual (FSM) for details regarding the Election of Trustees. Also see “CoDA Board of Trustees Position Description in the FSM.

By signing below, you are giving permission to post your application to the website excluding identifying information except for your first name with last initial and Voting Entity

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REV 050623