

Co-Dependents Anonymous

PO BOX 33577, Phoenix, AZ 85067-3577

Application for Board of Trustees of Co-Dependents Anonymous, Inc.

DATE: **7/19/2024**

NAME: **Byrle S.**

VOTING ENTITY: Oklahoma

ADDRESS:

CITY: Norman STATE: Oklahoma ZIP CODE:

PROVINCE: _____ COUNTRY: US

TELEPHONE NUMBERS: (H) _____ (W) _____

FAX _____ EMAIL ADDRESS **byrle53@gmail.com**

DIRECTIONS: Answer each item below as fully as possible on separate paper. Please type or word-process for legibility. 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 Services Manual, By-laws, etc.

Very familiar. Have been practicing the steps and traditions for many decades.

- 2) Why do you want to serve the Fellowship as a member of the Board of Trustees?

To be of service.

- 3) Describe your service work on Meeting, Intergroup, Voting Entity level, including number of years of service.

I have served as a delegate from Arkansas, (2022-2023) on the outreach committee from 2021-2023, and Issues and Mediation Committee in 2023. As Board Alternate from July to Sept. of 2023 then full board member from then until present.

- 4) Describe any personal or professional background that you think would benefit the health of CoDA, such as experience negotiating contracts, general business management, or any other relevant skills.

Licensed Clinical Social Worker (LCSW) Certified Advanced Alcohol and Drug Abuse Counselor (CAADC), familiar with Microsoft Word and Excell.

- 5) Share your:

- a. Experience with the group conscience process.

I am well familiar with the group conscience process and have facilitated many.

- b. Courage to express yourself, ability to listen, and ability to communicate effectively.

I am able to do so.

- c. Ability to manage interpersonal differences and accomplish goals as a group member.

I can do that, too.

- 6) The job of Trustee has varying time demands. What is your availability?

I am retired and have a lot of availability

- 7) Please share your vision for CoDA.

I would like to see CoDA be recognized as the foundation of recovery.

- 8) 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.

2024 is my Third CoDA conference. I understand the conference process well.

- 9) Please add any additional information you feel may be helpful in the selection process.
39 years sober in AA, 36 years experience in CoDA.

NOTES:

Please send your application by email to board@codas.org or mail it to the above address. Refer to "Conference Election Procedures" for details regarding the Election of Trustee at the CoDA Service Conference.

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.

Byrle S.