**Co-Dependents Anonymous**

PO BOX 33577, Phoenix, AZ 85067-3577

**Application for Board of Trustees of**

**Co-Dependents Anonymous, Inc.**

DATE:

NAME: VOTING ENTITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

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

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

TELEPHONE NUMBERS: (H) (W)

FAX EMAIL ADDRESS

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.
2. Why do you want to serve the Fellowship as a member of the Board of Trustees?
3. Describe your service work on Meeting, Intergroup, Voting Entity level, including number of years of service.
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.
5. Share your:
	1. Experience with the group conscience 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.
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 send your application to the above address. Refer to "Conference Election Procedures" for details regarding the Election of Trustee at the CoDA Service Conference.

Please return by email to board@coda.org and [submitcsc@coda.org](submitcsc%40coda.org)