## Application for Membership Community Developmental Disabilities Organization of Southeast Kansas (CDDO of SEK) Quality Assurance (QA) Committee (Please Type or Print Legibly)

Part I: General Information

Applicant's Name:		
First	Middle	Last
Address:		
Telephone Contact: ( )		
Applicant/Nominee Statement: I w CDDO of SEK QA Committee bec		for membership on the
Part II: QA Committee Membersh	nip Representation	
A majority of the QA Committee disability or family member/guard I am a person with a develo	lian of a person with pmental disability	a developmental disability.
I am a family member/guar I am an employee of CSP		
Please check which county you wa LabetteMontgomery	nt to represent:(	Cherokee <u>Crawford</u>
Any additional information you w	ant to provide?	

Part III: Signature and Submission Information

I hereby give permission to the CDDO, or its representative(s), to contact me.

I also pledge that, if selected as a member of the QA Committee, I will commit to attend and participate in meetings of the Committee to the best of my ability.

Please check the appropriate boxes below:

<u>Transportation:</u>

\_\_\_\_I *will* need transportation to conduct interviews and attend meetings.

<u>I will not need transportation to conduct interviews and attend meetings.</u> <u>Assistance:</u>

\_\_\_\_I *will* need assistance in participating in conducting interviews.

I will not need assistance in participating in conducting interviews.

<u>Confidentiality is of utmost importance</u>. By signing below, you agree to maintain <u>confidentiality at all times</u>.

1. Signature of Applicant\_\_\_\_\_ Date \_\_\_\_\_

2. Person Assisting Applicant in Completing this Application, if Applicable

Name & Title/Relationship to Applicant\_\_\_\_\_

Signature Date

This completed application must be submitted to:

CDDO Quality Assurance Coordinator CDDO of Southeast Kansas PO Box 187 Columbus, KS 66725

(Page 2 of 2)