

Community Counts! Panel Member Application
(please submit by Tuesday, 01/28/2020)

First Name:	Last Name:
Street Address:	
City:	Zip Code
Phone Number:	Email:

Contact Person:	
Phone Number:	Email:

I can attend : <input type="checkbox"/> February 6 training session <input type="checkbox"/> February 13 training session (10 am – 2 pm)
I will need the following disability-related accommodations to participate in training sessions:
I will be able to make arrangements (work schedule, transportation, etc.) to participate on the panel for training sessions that will be held during the week, day time hours: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Audit class only
Describe your interest and/or experience in public speaking:

Name of Agency I currently receive services from:	
Contact Person:	
Phone Number:	Email:

Name of Employer (if any):
Current job (if any):

Comments:

Fax to 303-904-1725 or email to jcohen@ctatllc.com by January 28, 2020

Questions, call 720-389-0670