

# CITY OF CASPER'S COUNCIL OF PEOPLE WITH DISABILITIES APPLICATION

NAME: \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

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

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Not for public use)

YEARS OF CASPER RESIDENCY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
(Not for public use)

EDUCATION/DEGREES: \_\_\_\_\_

Please explain your interest in serving on this Council (new appointments only): \_\_\_\_\_

Other City, Community, or other similar volunteer experience: \_\_\_\_\_

Skills & experience: \_\_\_\_\_

Do you identify with one of the groups listed below? Please select one of the following:

Member of the disability community

Family member of an individual who is part of the disability community

Employed by an agency serving this population

Executive Director of an agency serving this population

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

===== **FOR OFFICE USE ONLY** =====

New Appointment: \_\_\_\_\_ Or Reappointment: \_\_\_\_\_ Term Length: \_\_\_\_\_ Year(s)

Full Term: \_\_\_\_\_ Or Unexpired Term: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Please return to:**

Casper's Council of People with Disabilities

200 N. David Street

Casper, WY 82601

[disabilitycouncil@casperwy.gov](mailto:disabilitycouncil@casperwy.gov)