

GENERAL INFORMATION (Please Print)

Name _____ Title _____

Supervisor Name _____ Title _____

Organization (Official name) _____

Mailing Address _____

City _____ State _____ Zip _____ Business Phone () _____

Fax () _____ Cell Phone () _____

E-mail _____ Website _____

Brief Description of your organization (or Bio if individual). Attach separate sheet if necessary

Personal Interest/Goal of Joining _____

Special Skills or Talents _____

Current/Past community involvement in children's health issues: _____

Of our existing work groups, I prefer to serve on:

Education Work Group _____

_____ _____

Other: _____

May we list your organization as a member in our printed materials, literature and web presence? Yes No

Return form to:

courtney.barnard@cookchildrens.org

or fax to 682-885-4909 or mail to

Courtney Barnard, LMSW, Cook Children's Community Health Outreach
801 7th Avenue, Fort Worth, Texas 76104