



## CAC APPLICATION FORM

### MISSION STATEMENT:

To promote Zepf Center's mission of "Creating Hope, Recovery and Career Development" through the following means:

### VISION STATEMENT:

The CAC's Vision is to work in conjunction with the Zepf Executive Board and employees to make Zepf a productive and cooperative environment that enables all consumers to have a voice in their recovery, wellness and health.

### CONTACT INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Is this an update on contact information?

Please tell us a little about yourself, such as interests, hobbies and activities you enjoy. \_\_\_\_\_

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### SHORT QUESTIONNAIRE (Please answer the following)

1. How long have you been going to Zepf? \_\_\_\_\_

2. How are you affiliated with Zepf? (Client, Parent or a Guardian of a Zepf Client)

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3. Which Zepf location do you go to most often? \_\_\_\_\_

4. How did you hear about the CAC? \_\_\_\_\_

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5. What interests you about the CAC? \_\_\_\_\_

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6. How do you think you can benefit the council? \_\_\_\_\_

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7. Are you able to attend (most of) the monthly meetings? \_\_\_\_\_

8. Are you able to help out at some of the events? \_\_\_\_\_

Please check what you would be interested in being involved with:

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|---|--|
| <input type="checkbox"/> Distribute printed materials | <input type="checkbox"/> Assist with CAC Newsletter        |
| <input type="checkbox"/> Promote CAC within Zepf      | <input type="checkbox"/> Assist with programming           |
| <input type="checkbox"/> _____                        | <input type="checkbox"/> Represent CAC at community events |

*Please return this application to any Zepf Center location.*

*If you have any questions, please call 419-841-7701 x 2400  
or email Erin Whitton, Zepf Center CAC Liaison at [ewhitton@zepfcenter.org](mailto:ewhitton@zepfcenter.org)*