



Mayor's Council on Disability Issues (CODI) New Member and Officer Nomination Form

The Knoxville Mayor's Council on Disability Issues was founded in 1984 for the purposes of serving as an advisory group to provide direction and guidance to the Mayor of Knoxville and the Knoxville City Council in matters concerning persons with disabilities, and to promote coordination, communication, and cooperation in working toward common goals concerning persons with disabilities.

Members are appointed by the Mayor, subject to City Council approval, and consist of at least nine and up to twenty-one members, which includes a minimum of fifty percent persons with disabilities that represent a wide range of disabilities. In addition, members shall include persons who are familiar with issues and concerns of persons with disabilities and represent a variety of service industries.

Membership terms are for a period of three years, with a maximum of two consecutive three-year terms. It is important that nominees recognize the commitment and are prepared to attend twelve regularly scheduled meetings, which includes one all-day retreat and one half day retreat. Additional meetings and informational tapings may be called as needed. Each member is also asked to join and be active on at least one subcommittee. Subcommittee may meet outside of CODI meetings. Subcommittees include: Executive Committee, Nominating Committee, Bylaws Committee, and Transportation Committee. Special Committees will be formed as needed.

Please explain the role of membership on CODI to your nominee and confirm their ability to make this time commitment prior to completing the nomination form.

Confirmation		
I have confirmed nominee's ability to make this time commitment:	Yes	No

Nominee Information	
Name:	
Organization and Title:	
Address:	
City/State/Zip Code:	
Home Phone:	Work/Cell Phone:
Email Address:	
Disability/Population Represented:	
Number of years' experience with disability or disability services:	

Explanation of New Member Nomination

If appointed to the Council, please describe the nominee’s anticipated contributions to CODI. Please be specific in describing areas of expertise or professional/personal experience in disability issues and how this will be of benefit to the Council. Please attach Résumé and/or Biography.

Participation and attendance in CODI’s regularly scheduled monthly meetings and retreats, and at least one subcommittee is an important and highly valued responsibility of a CODI member. Please explain in your own words your opinion of the nominee’s ability to make such a commitment as well as meet this expectation.

Officer Nomination

Name:

Officer Role: Chair Vice Chair Secretary

If nominating an Officer, please explain why you feel nominee will make a good Chair, Vice Chair, or Secretary.

Information of Person Making Nomination	
Name:	
Home Phone:	Work/Cell Phone:
Email Address:	
Relationship to Nominee:	
How long you have known nominee:	

SUBMIT FORM

Nomination Forms may be submitted online,
or sent via email, mail, or fax to:

CODI Chair c/o Misha Byrne, City Liaison
400 Main Street, Suite 517A, Knoxville, 37902
mbyrne@knoxvilletn.gov

865-215-2423 Voice
865-215-4581 Fax

Nomination Forms must be received by last Friday in March.