



INITIAL APPLICATION FOR BIG CODAs

Name: _____

Address: _____

Cell #: _____ E-mail Address: _____

Birthdate: _____ Driver's License #: _____

Highest Education Received: _____

Are you CODA OHCODA (only hearing in your family) OCODA (only child)

Have you ever been to KODA Camp? yes no

Have you ever attended a CODA Conference? yes no

Do you enjoy attending Deaf events? yes no

Have you ever worked with children? yes no

Do you fully understand and embrace your CODA identity? yes no
(if no, why not?) _____

Languages acquired: ASL Spanish Other: _____

For matching purposes:

Type of Music? _____ Class/Subject? _____

Movie/TV Show? _____ Sport/Hobby? _____

Ethnicity (optional): _____ Religion (optional): _____

Have you ever been convicted of a misdemeanor/felony in which a child/adult was a victim or involved? yes no (if yes, please attach separate letter of explanation.)

Questions or comments: _____