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*Working with and for people with developmental disabilities and their families in Wake County.*

# COMMUNITY CONNECTIONS PARTICIPANT APPLICATION

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

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

\_\_\_\_\_

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

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

## INTERESTS/NEEDS OF THE PROGRAM:

What kind of leisure/recreational activities do you enjoy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies/special interests? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

