

**APPLICATION FOR CONSIDERATION
FOR APPOINTMENT TO A
JEFFERSON COUNTY BOARD**

Board/Commission applying for: COMMUNITY SERVICES ADVISORY BOARD	Appointment: 2 year term	
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The purpose of the Community Services Advisory Board is to make recommendations to the Jefferson County Board of County Commissioners regarding matters related to human services for low income residents; to recommend to the Board recipients for federal funds made available to Jefferson County from the Community Services Block Grant, and similar grants; and to serve as liaison for the Board of County Commissioners to the Jefferson County community on issues related to human services.

PERSONAL INFORMATION

Name	
Street Address	
City/State/Zip	
Home Phone	
Business Phone	
E-mail Address	

PROFESSIONAL REFERENCES - List three persons, not related to you, whom you have known for at least one year.

Name	Address	Daytime Phone

- I have been informed of the duties and functions of this board, including the duties and obligations of persons serving as a member of this specific board. YES NO
- I understand appointment to the Community Services Advisory Board is for a two year term and that a member may serve two consecutive terms. YES NO
- I do do not have any personal or business interests in matters before the board for which I am applying. (If the applicant has interests, attach a separate sheet fully disclosing the details)
- Are you currently, or have you been in the past, an employee of a nonprofit organization? If yes, please list the name of the nonprofit and your title.

Nonprofit: _____
 Title: _____

- I do do not have any scheduling conflicts that would affect my ability to attend board meetings. (If you do have conflicts, please explain. Use a separate sheet if necessary.) ***The Community Services Advisory Board meets monthly on the 2nd Tuesday of the month from 3:00 p.m. to 4:30 p.m. Additional meetings will be required during grant selection process.***

I do hereby certify that to the best of my knowledge and belief the information contained herein is true and correct, and that I have fully disclosed any personal or business interests in matters before the Board for which I am applying.

I understand that the Colorado Public Records Law may require that certain information contained on this application be accessible to the general public, except when specifically made confidential by statute.

Signature: _____ Date: _____

Return completed application form to: **Jefferson County Community Development Department, 900 Jefferson County Parkway, Golden CO 80401.**

